

**CHILDREN'S SOCIAL CARE AND HEALTH CABINET
COMMITTEE**

Thursday, 10th November, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 10 November 2016 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Jemma West**
Telephone: **03000 419619**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (14)

- Conservative (8): Mrs J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman), Mrs P T Cole, Mrs M E Crabtree, Mrs V J Dagger, Mr G Lymer and Mr C P Smith
- UKIP (3) Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire
- Labour (2) Mrs P Brivio and Mrs S Howes
- Liberal Democrat (1): Mr M J Vye

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared

A4 Minutes of the meeting held on 6 September 2016 (Pages 7 - 18)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 20 July and 23 September 2016 (Pages 19 - 36)

To note the minutes.

A6 Verbal Updates

To receive a verbal update from the Cabinet Members for Specialist Children's Services and Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Director of Public Health.

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 School Public Health Services - Contract awards (16/00038a) (Pages 37 - 42)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to commence a new procurement process which is being undertaken as part of the wider procurement of the Children's Emotional Wellbeing and Mental Health Services across the county.

B2 Review of means testing for Special Guardianship Orders and Adoption Allowances (16/00087) (Pages 43 - 56)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to review the current method of completing the financial means testing of claimants' needs to ensure a more equitable process is applied.

B3 The Shared Accommodation Service for Children in Care and Care Leavers (16/00079) (Pages 57 - 64)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to maintain current provision by contracting with the existing providers through a single source (SSA) for 6 months, up to 31 August 2017, supporting placement stability and gradual transition of service users to new service provider/s should existing providers be unsuccessful in the tendering process.

B4 Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016 - 2019 (16/00116) (Pages 65 - 104)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to adopt "Working Together to Improve Outcomes: Kent

Children and Young People's Framework 2016-2019", as Kent's partnership strategy for children and young people.

C - Other items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

C1 Early Help and Preventative Services (Pages 105 - 116)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, giving an update on Early Help and Preventative Services (EHPS) which underwent a significant restructure in 2015, on which Members are asked to comment.

C2 Action plans arising from Ofsted inspections (Pages 117 - 122)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, setting out an update on activity within Specialist Children's Services to respond to both previous Ofsted recommendations and also internal business intelligence and quality assurance processes on which Members are asked to comment.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 123 - 134)

To receive a report from the Cabinet Member for Specialist Children's Services and the Director of Social Care, Health and Wellbeing, outlining progress against targets set for key performance and activity indicators.

D2 Work Programme 2016/17 (Pages 135 - 140)

To receive a report from the Head of Democratic Services on the Committee's work programme.

MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEM

That, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM

E1 School Public Health Services - Contract awards - exempt appendix to Item B1 (Pages 141 - 142)

John Lynch,
Head of Democratic Services
03000 410466

Wednesday, 2 November 2016

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

**CHILDREN'S SOCIAL CARE AND HEALTH CABINET
COMMITTEE**

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 6 September 2016.

PRESENT: Mrs J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman), Mr R H Bird (Substitute for Mr M J Vye), Mrs P Brivio, Mrs P T Cole, Mrs M E Crabtree, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr C P Smith and Mrs Z Wiltshire

ALSO PRESENT: Mr G K Gibbens and Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr A Scott-Clark (Director of Public Health), Mr P Segurola (Director of Specialist Children's Services), Ms N Khosla (Assistant Director, Corporate Parenting) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS**156. Membership**

(Item A2)

It was noted that the Cabinet Committee currently had a vacancy, following the recent death of Robert Brookbank.

157. Tribute to Robert Brookbank

The Committee recorded its thanks for Mr Brookbank's work and great sorrow at his recent death. He had been a dedicated advocate of children and young people's welfare, in particular the provision of mental health support services for them, and he would be very much missed.

158. Apologies and Substitutes

(Item A3)

Apologies had been received from Mr M J Vye, and Mr R Bird was present as a substitute for him.

159. Declarations of Interest by Members in items on the Agenda

(Item A4)

There were no declarations of interest.

160. Minutes of the meeting held on 5 July 2016

(Item A5)

RESOLVED that the minutes of the meeting of this Committee held on 5 July 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

161. Minutes of the meeting of the Corporate Parenting Panel held on 26 May 2016

(Item A6)

RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 26 May 2016 be noted.

162. Verbal updates

(Item A7)

1. Mr P J Oakford, Cabinet Member for Specialist Children's Services, gave a verbal update on the following issues:

Placement of children in care in Kent by other local authorities – Mr Oakford had written to the Children's Commissioner to highlight once again the high number of vulnerable young people placed in Kent by other local authorities and the potential impact of this upon their welfare and safety. The letter sought the Commissioner's support in reviewing and addressing the number of placements made at a distance by other local authorities.

Children In Care Council 'Take Over' Challenge – for one day in November, young people from Our Children and Young People's Council would take over the running of the County Council. This would include covering the issues which a Cabinet Member would deal with in a day, and questioning officers on issues relevant to children in care and care leavers.

Virtual School Kent Awards Day, 10 September – this would recognise and celebrate the achievements of young people, and all Members would be invited to attend.

Unaccompanied Asylum Seeking Children (UASC) – there was plenty to report but unfortunately it was largely disappointing news. Although the rate of monthly arrivals was still much less than at last summer, there were currently 1,400 UASC in Kent and the number was still increasing. Mr Oakford would write to the new Immigration Minister, Robert Goodwill, and was seeking a meeting at the earliest opportunity to tackle the issue robustly and to press again for a mandatory programme of dispersal of UASC around the country. The Local Government Association, however, did not support such an arrangement, although Kent MPs had been supportive.

2. Mr A Ireland, Director of Social Care, Health and Wellbeing, then gave a verbal update on the following issues:

Unaccompanied Asylum Seeking Children (UASC) – Mr Ireland added that the limited dispersal arrangements currently in place meant that UASC would remain in Kent for longer. Although new arrivals were being dealt with as they arrived, a core of longstanding cases was not being addressed, and the longer a young person stayed in the county, the more settled they became - for example, in education - and the harder they would be to move on. Once they reached 18, Kent would be obliged to take on responsibility for them as care leavers, and the costs of this were not fully covered by Home Office funding. To be effective, a dispersal scheme would need to

be activated quickly; the longer it took to establish a mandatory scheme, the more the delay would compound the UASC problem for Kent. The reasons for UASC coming to the UK could be summarised in the following categories:

- Those who had family in the UK, who would not be part of a dispersal scheme as they would be taken directly to the area where their family lived;
- Those who had come on humanitarian grounds, who would need to be placed;
- Those who had come from refugee camps in the Middle East, who would need to be placed.

Identifying and assessing the needs of each group presented a complicated scenario to be worked through, and this was why other local authorities were reluctant to commit to taking them. It was important to be clear of the status of every UASC, and the only legislation under which the County Council could deal with them was the Children's Act 1989, which covered the arrangements for them coming into care. The County Council had responsibility only for the young people arriving, but other activity around them and their arrival had an impact on their situation and on the establishment of a dispersal scheme. Mr Oakford's letter to the Immigration Minister would include this point. It was hoped that the current disruption at Calais would soon be over and would not become a catalyst for more UASC coming into Kent.

3. In response to questions, Mr Ireland and Mr Oakford explained the following:
 - a) UASC were currently coming mainly from Afghanistan, Syria and Eritrea, and there were also currently significant numbers coming from Egypt;
 - b) as UASC were gradually placed in foster care, some capacity would be opened up at reception centres;
 - c) any young person presenting themselves as UASC could not be sent straight back to their country, even if their claim for asylum was felt not to be legitimate (ie if they were not taking refuge from war in their home country). As UASC, they automatically had the status of young people in care and the County Council was obliged to treat them as such;
 - d) reference was made to a House of Commons Home Affairs Committee report published on 3 August 2016, 'Migration Crisis', which had proved useful reading. A copy was passed to the Democratic Services Officer and it was agreed that a link to this document be sent to all Members of this Committee;
 - e) a difficulty of any dispersal scheme was the need to consider the impact upon a child of separating them from others with whom they shared cultural links and the resultant risk of them being left with no cultural support network;
 - f) dealing with the core of longer-standing cases would raise a different set of issues from those raised by dealing with monthly new arrivals;
 - g) in response to a question about the checking or vetting which would be done in respect of a family which a newly-arrived child was aiming to join, Mr Ireland explained that the duty to check and verify family details fell to the immigration authority rather than to any individual local council. If there

was any doubt about a family's ability to look after a child well, a referral would be made by the immigration authority to the local authority in which the family was resident; and

- h) as it had not been possible to record the detailed information given by Mr Oakford and Mr Ireland, a request was made for a detailed written update to be sent to all Members so they would have the information for future reference. Mr Ireland undertook to do this, but reminded Members of the speed at which the situation changed from day to day and week to week.

(the meeting was able to be webcast from this point)

4. Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following children's public health issues:

Community Pharmacies – the Minister responsible for pharmacies had announced that the changes proposed to pharmacy funding would not now take place in October 2016, as planned, but would be delayed to ensure that the correct decision was made.

Child Obesity Plan – this had been published in August 2016 and included such measures to address childhood obesity as a levy on sugary drinks, an ambitious programme to reduce the level of sugar on food and drink by at least 20% by 2010, and measures to address school-based physical activity and healthier food.

Parliamentary Select Committee report on Public Health post-2013 – this had been published on 1 September 2016 and had been largely positive about progress since local authorities had taken over the public health function in April 2013. It raised concerns about addressing variation and inconsistencies between authorities, for example, in data sharing, and about reduced funding.

Children's Commissioner – public health issues would be included in the planned meetings with the Children's Commissioner which were to take place in the near future, to discuss UASC and other issues.

10 October World Mental Health Day – a range of activities would be taking place, both locally and nationally, to mark this, and details of local activities could be made available to local Members, upon request.

Local Government Association Community Wellbeing Board - Mr Gibbens reported that he was now a member of this Board.

5. Mr A Scott-Clark, Director of Public Health, then gave a verbal update on the following children's public health issues:

Measles – although local authorities were not directly accountable for the measles vaccination programme (this being run by NHS England and Public Health England), the County Council did have an assurance role. There had recently been some cases in Kent and South East London, which may have been a result of the reduction in the take-up of the MMR vaccine.

6. The Chairman added that the County Council's Adoption partner, Coram, was holding a conference on issues around education and adopted children and young people on 7 October, and encouraged all Members of the Committee to attend if they were able to.

7. RESOLVED that the verbal updates be noted, with thanks.

The Chairman thanked the officers who had worked on restoring the recording and webcasting facilities.

163. Recruitment and Retention of Children's Social Workers

(Item C1)

Ms K Ray, Business Partner, Social Care, Health and Wellbeing, and Ms K Watson, Business Partner, Education and Young People's Services, were in attendance for this item.

1. Ms Ray and Ms Watson introduced the report and responded to comments and questions from Members, as follows:

- a) to address the issue of social workers leaving Kent to work elsewhere, or taking up a job elsewhere instead of in Kent, work was ongoing to compare Kent's top social work salary to that of neighbouring authorities. This had found that only Essex County Council had a higher top salary than Kent. A report on this issue would shortly be considered by the departmental management team. Mr Segurola added that most social workers leaving the County Council did so to join agencies. The County Council could simply not match agencies' incentives but hoped to attract and keep its social work staff by enhancing other parts of the employment package;
- b) in response to a question about the relatively low proportion of applicants selected for interview, Ms Ray explained that some applicants simply did not have the required qualifications and were not suitable to progress to the interview stage. To compare the number interviewed with the number appointed would give a better indication of the quality of the candidates coming forward;
- c) the report listed the number of job offers made, but it would be useful to know also how many vacancies there were to be filled. Ms Ray undertook to include this information in the next report to the Committee;
- d) a question was raised about the extent of Members' involvement in the decision to discontinue exit interviews. Ms Ray undertook to look into how and where the decision had been taken but added that interviews were now undertaken with newly-arrived social workers, to identify why they had chosen to work for the County Council. She added that managers were encouraged to talk to staff handing in their notice but that it was left up to the individuals concerned to take up this opportunity;

2. The Chairman proposed, and Mrs A D Allen seconded, that the Committee recommend the resumption of exit interviews, so the service and Members had a source of information about why social workers left the County Council.

Carried without a vote.

- e) it was important that, in undertaking interviews to seek honest feedback, at any stage of employment, these should not necessarily be conducted by

the individual's manager but should offer the employee the chance to nominate someone else to undertake the interview;

- f) the Memorandum of Co-operation was welcomed, but this would need to be monitored carefully. Ms Ray explained that this was in its early days but would indeed be monitored. Mr Segurola added that, under the Memorandum of Co-operation, any social worker leaving the County Council would not be employed by any other local authority in the south-east region;
- g) staff citing 'lifestyle changes' as their reason for leaving social work gave a variety of reasons, including travelling and moving to an area in which it was easier to buy property;
- h) where the reason cited was 'work-life balance', it was important to identify the problems behind this and explore what the County Council could do to alleviate them, for example, by encouraging flexible working or job-sharing;
- i) it was known that the first three years of a social work career was the period during which social workers were most likely to seek to change career, so if they could be encouraged to stay beyond this period they were more likely to stay for good;
- j) in response to a question about the age structure of social work recruits, and the value placed upon older recruits with life experience, Ms Ray explained that a candidate's age was not included on their application form, and recruiters were not permitted to ask about or consider a candidate's age as part of their consideration. However, the age range of social work applicants was broad – from new graduates to mature applicants. What was more important was to recruit competent, experienced people. Kent was involved in the national 'Return to Social Work' campaign being run by the Local Government Association to encourage past social workers to return to the profession, for example, after raising a family;
- k) in response to a question about what measures the County Council took to retain those intending to leave, for example in an economical, temporary arrangement, Ms Ray explained that even a temporary arrangement would incur costs, such as pension contributions; and
- l) there was a 'toolkit' for managers which set out steps to seek to retain staff, including 'career breaks' and encouragement of those leaving to go travelling to return to employment afterwards. This would allow the County Council to benefit once again from the training investment it had made in those staff.

3. RESOLVED that:-

- a) the activity in relation to recruitment and retention of children's social workers, set out in the report and given in response to comments and questions, be noted; and

- b) a recommendation be made that the practice of undertaking exit interviews be resumed, so the service and Members had a source of information about why social workers left the County Council.

164. Report on the Regional Adoption Agency
(Item C2)

1. Mr Segurola and Ms Khosla introduced the report and set out the rationale for seeking to establish a regional adoption agency with neighbouring authorities, including the national drive to increase adoption rates and the limited ability of small authorities to achieve this increase individually. A larger organisation would be able to achieve better economies of scale in terms of contract commissioning. Kent County Council already had informal working relationships with Medway and Bexley Councils and a good relationship with Coram. Mr Segurola and Ms Khosla responded to comments and questions from Members, as follows:-

- a) the London Borough of Bromley had previously been amongst those being considered for the consortium but had chosen not to proceed when their adoption service had been placed in special measures. It was possible, however, that they may join in at some time in the future;
 - b) although the value of adoption panels was being considered by central government, there was currently no government advice to discontinue them, but in the future these may no longer be required;
 - c) although a statistical comparison between the three partner authorities was included in the report, there were some historic anomalies between the three in the way in which various data had been recorded;
 - d) among the Judiciary, nationally, there was a movement towards seeking extended-family placements wherever possible, by using special guardianship orders. However, such placements were not always successful. Mr Segurola said he would be addressing this problem shortly in meetings with representatives of the Judiciary. Mr Ireland added that many such cases dated back to 2014 when Kent had had a large backlog;
 - e) concern was expressed that the three authorities in the partnership were of different types - a county, a unitary and a London borough – and this may cause problems in the way in which they were able to work together. In addition, the County Council risked being burdened with the cost and responsibility of taking on the administrative arrangements for the regional adoption agency; and
 - f) in response to a question about whether or not consideration had been given to forming a stand-alone trading company which would commission services, Mr Ireland explained that previous very recent tendering exercises to run a company had been unsuccessful, and that was why the current proposal had been put together.
2. RESOLVED that the content of the report be noted and the proposal to enter into formal dialogue with Medway Council and the London Borough of

Bexley, with a view to establishing a Regional Adoption Agency, be endorsed in principle.

165. Placement Stability Report

(Item D1)

1. Ms Khosla introduced the item and responded to comments and questions from Members, as follows:-
 - a) as children on part-time school timetables were known to be at particular risk of placement breakdown, it would be helpful to know how many children were in this position across the county;
 - b) previous discussions at the Corporate Parenting Panel had identified the pressure that part-time schooling placed on foster carers and their families, and highlighted the need for the whole foster family to be supported in dealing with the pressure and in preventing placement breakdown; and
 - c) the percentage of children who had moved in and out of care as a result of court decisions (for example, those who had been returned home to their birth family only to re-enter care when that placement broke down), was small, but made an impact on the pattern of breakdown;
2. RESOLVED that the actions taken to improve placement stability, and Members' comments, set out above, be noted.

166. Specialist Children's Services Performance Dashboard

(Item D2)

Mrs M Robinson, Management Information Unit Manager, was in attendance for this item.

RESOLVED that the information set out in the report be noted, with thanks.

167. Public Health Performance - Children and Young People

(Item D3)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp and Mr Scott-Clark introduced the report and responded to comments and questions from Members, as follows:-
 - a) in clinical terms, smoking was classed separately from drug use, and the health effects of smoking upon unborn children was an issue for the NHS. Although the County Council worked in partnership with the NHS in tackling the public health message around smoking in pregnancy, the latter had no commissioning responsibility for maternity services;
 - b) it was the role of Health Visitors to contact families and offer a visit. Some families declined this offer, for example, if they were more experienced parents and did not feel they needed Health Visitor support. A Health Visitor would offer support to all families twice, to allow parents a chance to

change their mind. Health Visitors would note which families did not take up the offer of a visit and would seek feedback about why a visit had been declined, and would share this information with the County Council as part of a safeguarding procedure aimed at identifying those who were perhaps actively avoiding contact with Health Visitors; and

- c) children's centres were currently displaying charts illustrating the sugar content of various popular drinks, as part of a pilot scheme to raise awareness among parents. Kent had been chosen by Public Health England as one of only five local authorities in the UK to pilot this scheme as part of the 'Change4Life' campaign, to test which messages worked best in addressing childhood obesity. Schools, GPs' surgeries and other County Council premises had also been approached to carry similar displays. As part of the childhood obesity plan, the county and district councils had adopted the Government's catering standards, which meant that any service provided by a children's centre would adhere to these standards.

2. The Cabinet Member for Adult Social Care and Public Health Mr Gibbens, added that the number of women smoking during pregnancy still needed to be addressed, and this was being tackled by the BabyClear project. The number of mothers in Kent smoking at the time of delivery was also above the national average, and was rising. This could be tackled by promoting smoke-free school gates.

3. RESOLVED that the current performance of public health-commissioned services be noted.

168. Annual Equality and Diversity Report - Specialist Children's Services *(Item D4)*

Mr M Haji-Kella, Practice Development Officer, and Ms A Agyepong, Corporate Lead – Equalities and Diversity, were in attendance for this item.

1. Mr Haji-Kella introduce the report and explained that it was broader than the one submitted last year, and that future work was needed to identify gaps in information and to record complaints and identify the reasons for them. Mr Haji-Kella and Ms Agyepong responded to comments and questions from Members, as follows:-

- a) in response to a question about the use of, and cost of, interpreters, for example, when interviewing unaccompanied asylum seeking children (UASC), Ms Agyepong explained that the costs of providing an interpreter, from a pool of regular providers, were paid by the County Council. She undertook to look into the specific arrangements made in respect of UASC interviews and advise the speaker of these outside the meeting. She added that pupils recorded with the heading 'EAL' (English as an additional language) did not necessarily speak no English and require an interpreter service; for many it simply denoted that English was not their first language and that they were bi-lingual; and
- b) in response to a question about the use of apps such as MOMO (Mind of My Own), used to engage young people in care, Mr Haji-Kella explained

that this had been in use in Kent as part of a pilot for the last 6 months, and a further app, MOTO (Mind Of Their Own) was due to be launched soon, aimed at younger and disabled children.

2. RESOLVED that:-

- a) current performance and proposed priorities be noted;
- b) equality governance continue to be observed in relation to decision making;
- c) the proposed changes to equality objectives be agreed, and revised objectives be received in 2017; and
- d) the report continue to be presented annually in order to comply with the Public Sector Equality Duty (PSED) and to ensure progress against the Council's objectives.

169. Complaints and Representations 2015/16

(Item D5)

Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.

1. Mr Mort introduced the report and responded to comments and questions from Members, as follows:-

- a) in response to a question about an increase in complaints received by advocacy organisations such as the Young Lives Foundation, and how well equipped these organisations were to deal with complaints, Mr Mort explained that advocacy organisations were encouraged to try to resolve any issues with the operational staff before accessing the statutory complaints process. This system was known to work well and could lead to quicker resolutions; and
- b) the adults' and children's customer care and operations teams were now in one team, to increase consistency of practice in dealing with complaints, albeit working to different statutory processes. Current work was aimed at resolving complaints faster at stage 2 and increasing complainants' awareness of stage 3 of the statutory complaints process.

2. Members placed on record their thanks to the staff about whom complimentary feedback had been received from service users, particularly in the field of respite and transition services, and commented that their high standards of customer care should be celebrated and supported.

3. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted, with thanks.

170. Children and Young People's Mental Health Services

(Item D7)

Ms K Sharp, Head of Public Health Commissioning, and Ms C Maynard, Care Procurement Category Manager, were in attendance for this item.

1. Ms Maynard introduced the report and explained that much work was going on to establish an integrated children and young people's emotional health and wellbeing service. She set out the governance arrangements between the seven CCGs and the County Council and how the service would be delivered between them. Ms Maynard and Ms Sharp responded to comments and questions from Members, as follows:-

- a) Members commended the work which had been done to draw together the threads of this complex piece of work and hoped that the long and complex journey to improve the service would finally come to fruition in a good-quality service. Ms Maynard assured Members that key performance indicators would be included in the final contract that the provider would sign. Mr Ireland added that he had much confidence in the new service and commented that the co-operation between the County Council and the NHS provided a good template for future joint working;
- b) Ms Sharp confirmed that the County Council was to contribute the smallest share of the cost of providing the service, £1million - for the children in care, early help and public health elements of the service - compared to the NHS contribution of £15million; and
- c) monitoring of the new service would be an important role for the County Council, and it was important to decide how this would be managed between the Health Overview and Scrutiny Committee, the Scrutiny Committee and this Cabinet Committee, without duplication, and to prevent 'drift'. Ms Sharp undertook to discuss the issue with Democratic Services colleagues.

2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

171. Work Programme 2016/17
(Item D8)

RESOLVED that the Committee's work programme for 2016/17 be agreed.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 20 July 2016.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Mrs T Carpenter, Mrs P T Cole, Mr S Collins, Ms M Emptage (Substitute for Ms S Dunn), Mr S Gray, Mrs S Howes, Ms N Khosla, Mr G Lymer, Mrs C Moody, Mr B Neaves, Mr P Segurola, Ms B Taylor, Mr M J Vye and Mrs J Whittle

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Ms G O'Grady (Participation Co-ordinator, Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

As the Chairman had been delayed, the Vice-Chairman presided over the first part of the meeting

155. Membership
(Item A1)

The Panel noted that Mrs S Howes had joined the Panel in place of Ms C J Cribbon.

156. Apologies and Substitutes

Apologies for absence had been received from Mr R E Brookbank, Ms H Carpenter, Mr T Doran, Ms S Dunn, Ms S Dunstan, Mr S Griffiths and Ms B Haskins.

Ms M Emptage was present as a substitute for Ms S Dunn.

157. Minutes of the meeting of this Panel held on 26 May 2016
(Item A3)

RESOLVED that the minutes of the Panel meeting held on 26 May 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

158. Announcements
(Item A4)

1. The Vice-Chairman welcomed Mr Collins and Mr Gray to their first meeting of the Panel.
2. A flyer had been tabled for 'Party in the Park', which would take place on 25 August in Sandwich. Panel Members were invited and asked to contact the organiser if they wished to attend.

3. The Panel was advised that Sarah Skinner had taken up a new post as the Head of the County Council's Adoption Service, and Caroline Smith had taken up the post of Head of the Fostering Service. The Panel was pleased to hear that these key posts were both now filled.

159. The MOMO (Mind Of My Own) app as a tool for engagement with young people in care

(Item 1)

1. Ms O'Grady presented a series of slides which set out the content and role of the MOMO (Mind Of My Own) app. Examples of the screen layout and content showed the information that young people could record on the app and how this recording linked into and helped them prepare for care reviews and other meetings. A related app called MOTO (Mind Of Their Own) was to be launched in December 2016 for younger and disabled children, and the content and layout of this was also displayed. Ms O'Grady demonstrated use of the app, using the combination of click options and free-text fields and showing the range of information covered, including young people's feelings and wishes, likes and dislikes, fears and concerns. She reassured the Panel that the app had been tested by the County Council's IT team and that information entered on it was secure. Information entered could not be saved to a smartphone; it could only be accessed via a mobile phone, tablet or computer. A young person could choose to whom they wished to send the entered data, for example, their social worker or independent reviewing officer (IRO), and could see when the information had been read by them.

2. Ms O'Grady then presented an activity report which set out patterns of use, summarised the range and type of issues that young people chose to record using the app, and examples of entries, as well as the views of professionals. This information had been gathered from the period during which the app had been piloted in Kent. Although the app was used by many other local authorities, Kent had won an award for the speed at which it had adopted it, and most feedback from young people about it had been positive. There were, however, a few things still to be addressed: the facility to translate to and from other languages, the fact that tablets used by IROs and social workers were not all internet accessible, and the fact that some young people did not have internet access.

3. Ms O'Grady responded to comments and questions from the Panel, as follows:-

- a) it was sad to see on the overview of points raised that relationships were placed below school on the list of 'likes';
- b) the growing popularity of MOMO as a tool may lead to a whole new workload for social workers and IROs, in terms of the time needed to read and respond to the posts sent to them, as acknowledgements and replies would need to be sent quickly;
- c) assurances about the security of the app and the data entered were welcomed. The app could be accessed on a smartphone but data would not be saved on the SIM card, and young people, social workers and IROs would need to log in to access information. In this way, the app was as safe as any other computer system. Young people could choose to send

the information to another third party but would have to type in an email address to send to, so the risk of accidental sending was minimised, and social workers and IROs receiving the information would be able to see where else it had been sent. Ms O'Grady reassured the Panel that any young person considered to be particularly at risk of online 'grooming' or inappropriate contact would not be offered the use of MOMO;

- d) inconsistency of reception and broadband speed across the county may mean that young people in some areas were less able to access and use the app;
 - e) adoption of the MOMO app was a major step in the right direction in allowing young people in care to record and communicate, in their own words, their feelings, hopes and fears, and allowed social workers and IROs to access this information as a useful lead-in to discussing these issues with young people and preparing for their review meetings. Ms O'Grady explained that, as a way of reflecting on feelings and expressing concerns, MOMO was a useful tool for a young person to use, as and when they felt they wanted to. They could vent about a bad day and make negative comments as a way of expressing anger, upset and frustration, but could then choose not to send the record to anyone, using it instead as a private release mechanism. Ms O'Grady reassured the Panel that a young person would never be pushed to share anything they did not wish to share, or feel ready to talk about, whether by using MOMO or in a face-to-face meeting;
 - f) foster carers on the Panel welcomed the use of MOMO as being much better than forms or surveys for gleaning the views of young people, and its roll out was supported. The advent of MOTO was welcomed as this would be particularly useful for disabled children. Ms O'Grady explained that the use of both apps would be covered in foster carer workshops and training;
 - g) in response to a question about the extent to which Kent could model the content of the app, Ms O'Grady explained that the questions and sections used were designed to reflect the nine elements of the pathway plan. Feedback on the MOMO app could be submitted to its creators, so although it was not a bespoke product, it was adaptable. Mr Segurola added that Kent was seeking to add 'immigration status' to the 'key anxieties' option from which young people could choose; and
 - h) in response to a question about other organisations subscribing to the MOMO app, Ms O'Grady explained that the County Council's initial license covered everyone with an '...@kent.gov.uk' email address, but she undertook to look into the possibility of adding staff from other organisations, such as the Young Lives Foundation, who provided advocacy services to young people.
4. RESOLVED that the information on the MOMO app set out in the presentation and given in response to comments and questions be noted, with thanks.

The Chairman took the Chair at this point

160. Verbal Update from Our Children and Young People's Council (OCYPC)

(Item A5)

1. Ms B Taylor gave a verbal update on recent work undertaken by the participation team on behalf of the OCYPC and the Children in Care Council (CICC).

Super Council, OCYPC and Young Adults Council (YAC):

- Promotion work in East Kent was going on and membership and attendance at meetings were gradually increasing. Participation in North and West Kent was still positive and there were plans to establish a South Kent group in October.
- The Super Council had chosen a winning logo in bright primary colours, which was shown to the Panel.
- At the most recent Super Council meeting, Members had been asked to write down eight things which they loved about their placement and the family they lived with.
- At the most recent OCYPC meeting, young people expressed to Naintara Khosla their feelings about their placements. It was decided that there should be a new feedback forum, run by young people for young people, and work was starting on setting this up, possibly by including the use of MOMO.
- It had come to light that pledge cards and business cards were still not being distributed to young people. Mr Segurola undertook to ensure that this was addressed and that Independent Reviewing Officers (IROs) specifically addressed this issue in children in care reviews.
- A presentation by the Young Lives Foundation on advocacy had been very well received, and young people had said they felt confident that they were adequately informed about this service.
- Work was progressing on a DVD to address the issues of stigma felt by young people coming into care and of the stereotypical view that many people had of children and young people in care. Each participant was asked to describe themselves in three words, none of which related to their care status, and these descriptions would shape the film's content.
- Following the meeting, a discussion highlighted that many young people taking part did not feel confident in contributing to discussions. Some of the most experienced previous participants at the OCYPC had since moved on to the YAC. To address the issue, the subject of the August meeting would be a discussion around the purpose of the OCYPC and the importance of voicing opinions.
- The most recent YAC meeting had been replaced with a summer barbecue, at which young people could network and meet new friends.

Challenge Cards:

- One outstanding challenge was the issue of savings accounts for young people in care. *An update on this issue would be made at the Panel's next meeting.*

Planned Summer Activities:

- A list of activities in July and August was circulated to the Panel. These activity days covered all areas of the county and a range of sports, creative and cultural activities, some negotiated at no cost or very low cost. An art competition with the theme 'the Garden of England' would also be run by Mr Segurola.
- Sponsorship for the Thames Bridge Trek taking place on 10 September had been slow in coming forward. The team needed to raise a minimum of £1,000 to take part in the event, and Panel members were asked to support the event by using the justgiving page.

Participation and Engagement Team updates:

- Sarah Skinner had left VSK to become the new Head of Adoption.
- Reece Graves had started work in June and was working towards a level 2 qualification in business and admin.
- Amelia Kury would be leaving the VSK team in September to take up a role outside the County Council in recruitment.
- Three new apprentices would start work in September but it was not yet clear where in the county they would be based.

Other activity:

- Work to support the summer activity programme.
 - Work on the art competition and stigma DVD, mentioned above.
 - Participation in interview panels.
 - Recruitment and training days for the Recruit Crew, which was growing well.
 - Work to support participation workshops.
 - Re-design of the newsletter with the County Council communications team.
 - Regional work with the office of the Children's Commissioner to support local authorities' Children In Care Councils.
 - Work to introduce the Kent Children's University Passport to OCYPC members aged 7 - 11. This involved Saturday attendance at a range of local businesses to contribute to collecting stamps on a 'passport' of experience, which would lead to 'graduation' when the passport was full. Companies currently taking part included Halfords, Pets at Home, Asda and Sainsbury's.
 - Work with Gemma O'Grady on a range of projects.
2. Ms Taylor responded to comments and questions from the Panel, as follows:-

- a) in response to a question about the stigma DVD being included in training for foster carers, Ms Taylor explained that the project was currently at an early stage and its use for this purpose had not been considered, but she undertook to look into possibilities. She reassured the Panel that young people taking part in the film would not be identifiable;
- b) adding more detail about the Kent Children's University Passport project, Ms Taylor explained that businesses would teach young people useful skills. For instance, Halfords would teach them how to change a bicycle tyre and Pets at Home would teach them how to care for a range of different pets. Participation in the project would have the benefit of building confidence and gaining skills which could contribute to future career choices. More businesses across the county were being encouraged to sign up to the project and contribute time and resources to hosting young people;
- c) Members sought reassurance on progress made in respect of the issue of savings accounts and pocket money. Ms Khosla advised that a new policy had been issued to all Kent County Council foster carers in June which set out guidance on the proportion of the maintenance allowance that should be set aside for pocket money and savings. Children needed to be made aware of the new policy and resourcing entitlements; and
- d) on 22 July, the Young Lives Foundation, Catch 22 and others were to attend a meeting of foster carers to talk about support issues around leaving care.

3. The verbal updates were noted, with thanks.

161. Verbal Update by Cabinet Member
(Item A6)

1. Mr P J Oakford, Cabinet Member for Specialist Children's Services, gave a verbal update on the following issues:-

Visited Children's Centres in the Ashford and Swale areas

Visited Children's Centres in the Thanet area with a local GP to explore how specialist children's services and health could integrate and work more closely together in using children's centre facilities.

Children's Centres Working Group – this group had recently been established with officers from Property, Public Health and Early Help services to ensure that optimum use was being made of children's centres premises, both in terms of the services based there and the number of days per week on which the premises were used, to achieve best use of public money. For instance, in Tonbridge, the youth centre and children's centre previously occupied two separate buildings but had combined to share the space and make full use of the children's centre building.

A recent County Council Member briefing on child sexual exploitation had been well attended.

Unaccompanied asylum seeking children (UASC) national dispersal scheme – two recent meetings at the Home Office had addressed the need for and the establishment of a national dispersal system for UASC. It was disappointing that the scheme was still voluntary rather than mandatory, and that, of the 12 other local

authorities which had indicated a willingness to help, only West Sussex had ultimately come forward to take a maximum of 15 UASC from Kent. If the Home Office calculation of the ideal maximum population of UASC as a percentage of the overall population of a local authority were applied, it would mean that Kent should have no more than 300 UASC, yet it currently had three times that number. Monthly arrival rates were much lower than for the summer of 2015 but the 30 or so UASC arriving each month still had considerable impact on accommodation, policing, health and education services. Mr Oakford said he would write to the new Immigration Minister and seek further meetings to continue to lobby for a mandatory national dispersal scheme.

2. Mr Collins told the Panel of a recent incident in which a member of staff at Tonbridge children's centre had had her staff identity pass card stolen outside the building, which effectively gave the thieves access to all areas of the premises. Another Panel member reported that, in the past, people had pretended to be health visitors to try to gain access to staff-only premises. The foster carers on the Panel complained that staff kept identity badges on in their homes when visiting their foster children, and at meetings, for instance at school, which marked them out as being officials visiting a child in care.

3. RESOLVED that the verbal updates be noted, with thanks.

162. Progress report - Sufficiency, Placements and Commissioning Strategy 2015 - 2018

(Item B1)

Mr T Wilson, Head of Children's Strategic Commissioning, was in attendance for this item.

1. Mr Wilson introduced the report and Mr Segurola responded to comments and questions from the Panel, as follows:-

- a) disruptions to education caused by change of placement, and the number of young people in care with part-time timetables, were both areas of national concern. Young people who were not productively occupied could become disruptive and drift into anti-social or criminal behaviour. Mr Segurola confirmed that the data collated by the Management Information Unit confirmed that too many children in care were not attending school full time, and that many were attending Pupil Referral Units (PRUs). Ms Emptage added that addressing the issue of young people out of school was part of a larger piece of work to tackle the number of NEETs (those not in education, employment or training), in which schools would be held to account for pupils who were not on-roll in year 11. Young people should be dually-registered with the school and the PRU;
- b) the recent Select Committee on Grammar Schools and Social Mobility had highlighted the importance of children in care achieving five good GCSEs, including English and maths, to be able to compete equally in the employment market;
- c) the recent appointment of an out-of-area placement officer was welcomed. Mr Segurola suggested that the Cabinet Member for Specialist Children's

Services send a letter to the Children's Commissioner to re-assert the pressures on education places and other services caused by high numbers of children being placed in Kent by other local authorities, beyond the 20 mile limit from their family homes;

- d) a foster carer outlined an example in which a child who had been excluded from school had been taken back into school on the direction of the Virtual School Kent. Young people missing school were also missing the opportunity to develop social skills; and
 - e) a view was expressed that it would be better for a young person to be attending a PRU, where they would at least have an opportunity to access vocational courses, than to be out of the education system completely.
2. RESOLVED that progress made on implementing the Sufficiency, Placements and Commissioning Strategy 2015-2018 be noted, with thanks.

163. Placement Stability Report

(Item B2)

Ms V Best, Data Analyst, Management Information Unit, was in attendance for this item.

1. Ms Khosla introduced the report and highlighted the parallels between this and the previous item in terms of the range of factors affecting placement stability. Pre-placement work by social workers would seek to identify children who were most at risk of placement breakdown and would prepare in advance to help the placement, once made, to be as stable as possible. Careful matching of a child and a foster carer would be part of this preparation. Although statistics for placement breakdown were improving, young people over 14 and with those with 'hard to manage' behaviour (for instance, going missing) were still areas of concern. In such cases, VSK's equivalent of Education Welfare Officers would seek a meeting with carers to seek to support them in starting to address issues.
2. Ms Best introduced the appended report of statistics on those children who had had three or more placements, in a range of profiles, including age, gender, disability, asylum status, time in care and placement type.
3. Ms Best and Mr Segurola responded to comments and questions from the Panel, as follows:-
 - a) a foster carer commented that the team dealing with foster carers of disabled children were quicker than the mainstream fostering team to respond to reported problems; this may be because they worked with fewer foster carers. Mr Segurola advised that maintaining workforce stability was a challenge;
 - b) a question was raised about the effect that a child's adoption status might have on the stability of their foster placement. Some children, knowing they were not later to move into the adoption process, might settle better into their foster placements than those who knew they would be leaving their foster placement to enter the adoption process;

- c) for some children experiencing three or more changes of placement, those changes were planned and welcomed, so the number of changes was not necessarily a problem. Coping with planned and expected changes was always easier, both for the child and their foster carer;
 - d) Mr Segurola advised that statistics showed that children placed with in-house foster carers experienced fewer changes of placement than those placed with foster carers from independent fostering agencies; and
 - e) Mr Segurola and Ms Khosla responded to a question about the number of cases of, and the process for, a child being returned to their birth family. Regular meetings with the Judiciary sought to ensure that such decisions were made carefully and addressed any and all concerns which had been raised. Mr Segurola assured the Panel that, in cases in which there was any ongoing concern, managers would push for them to go back to court for further consideration.
4. RESOLVED that the areas for development and the proposed actions to improve placement stability be endorsed.

164. Overview of the Laming Review - 'In care, out of trouble'
(Item B3)

Dr J Maiden-Brooks, Policy Adviser, and Mr M Powell, Improvement Manager, were in attendance for this item.

1. Dr Maiden-Brooks and Mr Powell introduced the report and responded to comments and questions from the Panel, as follows:-
- a) the Laming review had looked into the over-representation of children in care in the judicial system and had made a number of recommendations, and one of the findings had been that the corporate parenting role of local authorities needed to be strengthened;
 - b) the 2014 Kent and Medway Joint Protocol, between the Youth Offending Service, social workers and Kent Police, and its impact, particularly upon foster carers and children's homes, would need to be evaluated. Also, the unnecessary criminalisation of young people should be avoided, by carefully assessing the need for police involvement;
 - c) concern was expressed that many young people who came to the attention of the police had mental health problems, which would not be helped by spending time in police cells, and this would also place extra pressure on their foster carers. Mr Powell advised that any vulnerable young person detained at a police station would always be accompanied in interviews by an appropriate adult, and it was clarified that a young person would not be placed in a cell but in a detention room with an appropriate adult; and
 - d) a view was expressed that the way in which children and young people in care were reported as missing could be reviewed. To report someone too early could waste police time. Some children were known to have a habit of

going away from their foster family for a while to recover from an argument or to take some time to themselves to think, so surely in some cases it was wise to wait a while before involving the police. Some young people did not respect or accept the authority of the police, so to involve them unnecessarily could exacerbate the situation. Mr Segurola explained the way in which missing children were viewed by police. If a child was not at their home when they should be, they counted as 'missing', even if they were visible nearby within the neighbourhood. A view was expressed, however, that, if a child was not reported missing and something then happened to them, there would be questions about why nothing was done sooner, so a cautious approach was needed. Mr Powell added that, after a disappearance, the reasons for it would be identified so patterns of behaviour could be borne in mind when dealing with any future disappearance.

2. Dr Maiden-Brooks suggested that it would be useful to revisit the Laming report once other current reviews had finished and reported, so each could be seen in the context of the others. This was agreed and *an item added to the work programme for a future meeting.*
3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

165. Tribute to Jane Cribbon

The Chairman paid tribute to Jane Cribbon, noting how sad it was to lose someone who had been so devoted to children's welfare and development, both as a member of the Corporate Parenting Panel and as a County Councillor. Jane's constructive contribution to the work of the Panel was always highly valued and would be very much missed.

Chairman

23 September 2016

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Friday, 23 September 2016.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Mr R H Bird (Substitute for Mr M J Vye), Mr T Doran, Ms S Dunstan, Ms M Emptage (Substitute for Ms S Dunn), Mr S Gray, Mr S Griffiths, Mrs S Howes, Ms N Khosla, Mr G Lymer, Ms D Marsh, Mr B Neaves, Mr P Segurola, Ms B Taylor, Mr B Weeks (Substitute for Mr S Collins) and Mrs J Whittle

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Ms G O'Grady (Participation Co-ordinator, Specialist Children's Services), Ms C Smith (Head of Fostering) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

166. Membership

(Item A1)

The Panel noted that County Councillor Ms Diane Marsh had joined the Panel to fill the vacancy left by Robert Brookbank, as had Andy Heather, Principal Educational Psychologist. The Chairman welcomed both of them.

167. Tribute to Robert Brookbank

The Chairman referred to the recent death of Robert Brookbank and said the Corporate Parenting Panel owed him a great debt. He had championed the provision of young people's mental health support services, which he had pursued energetically in his role as Chairman of the Health Overview and Scrutiny Committee. He was a true children's champion and would be sorely missed.

168. Apologies and Substitutes

(Item A2)

Apologies for absence had been received from Ms H Carpenter, Mrs T Carpenter, Mrs P Cole, Mrs S Collins, Ms S Dunn, Ms B Haskins, Mr A Heather, Ms C Moody and Mr M J Vye.

Mr R H Bird was present as a substitute for Mr M J Vye, Ms M Emptage for Ms S Dunn and Mr B Weeks for Mr S Collins.

169. Minutes of the meeting of this Panel held on 20 July 2016

(Item A3)

RESOLVED that the minutes of the meeting of this Panel held on 20 July 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

170. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A5)

1. Ms Dunstan and Ms Taylor gave a verbal update on recent work undertaken by the participation team on behalf of the Children In Care Councils (CICC) and Young Adult Council (YAC).

5 August – Annual celebratory event for CICC:

- corporate parents who had attended this event were thanked for their participation.
- the main activity at this event was a group exercise, in which groups, each including CICC members, a corporate parent and member of County Council staff, were tasked with answering two questions:
 - (a) what do you think is the purpose and role of the CICCs? and
 - (b) what are the things that corporate parents need to do to help the CICCs achieve their purpose?

The responses to the first listed six things around enabling young people to network, engage and express their views, and to the second the replies included a request for corporate parents to dress informally in meetings, to be less intimidating.

The Chairman commented that county councillors dressed smartly to show respect for visitors attending their meetings.

10 September - London Bridge Trek

- This had been completed in just over 5 hours and had been great fun. Corporate parents who had sponsored the participants were thanked for their support.
- The aim of taking part was to raise awareness of Who Cares Trust. A passenger on the train home had overheard the group talking about the event and had immediately made a donation.

The group was congratulated on its fund-raising efforts and the Panel commented that it was particularly pleasing to see children in care raising money to support other children in care.

2. The verbal updates were noted, with thanks.

171. Verbal Update by Cabinet Member
(Item A6)

Mr P J Oakford gave a verbal update on the following issues:-

Unaccompanied Asylum Seeking Children (UASC) – Although the rate of monthly arrivals was still much less than at last summer, there were currently 1,400 UASC in Kent and the number was still increasing. Mr Oakford would write to the new Immigration Minister, Robert Goodwill, to press for a mandatory programme of dispersal of UASC around the country. Although new arrivals were being dealt with as they arrived, a core of long-standing cases was not being addressed, and the longer a young person stayed in the county, the more settled they became, for example, in education, and the harder they would be to move on. Once they reached 18, Kent would be obliged to take on responsibility for them as care leavers, and the costs of this were not fully covered by Home Office funding.

Visit to Border Force at Dover – this had been most useful in demonstrating the tactics used to smuggle people into the country and the tools available to detect them, including a method of x-raying large vehicles to detect people concealed inside. It was also possible to visit the holding suite used by the immigration service to detain and interview people.

Children's Centres were currently displaying charts illustrating the sugar content of various popular drinks, as part of a pilot scheme to raise awareness among parents. Kent had been chosen by Public Health England as one of only five local authorities in the UK to pilot this scheme as part of the 'Change4Life' campaign, to test which messages worked best in addressing childhood obesity. Schools, GPs' surgeries and other County Council premises had also been approached to carry similar displays.

Children's Centres improved utilisation review – a working group had recently been established with officers from Property, Public Health and Early Help services to ensure that optimum use was being made of children's centres premises, both in terms of the services based there and the number of days per week on which the premises were used, to achieve best use of public money. For instance, in Tonbridge, the youth centre and children's centre previously occupied two separate buildings but had combined to share the space and make full use of the children's centre building.

10 September Virtual School Kent Awards Day – this had been an excellent day and it had been most enjoyable to see young people celebrating their achievements.

Children In Care Council 'Take Over' Challenge – for one day in November, young people from the OCYPC would take over the running of the County Council. This would include covering the issues that a Cabinet Member would deal with in a day, and questioning officers on issues relevant to children in care and care leavers.

172. Fostering Service Independent Review

(Item B1)

1. Ms Khosla introduced the report and highlighted progress made in the six months since a review of the fostering service had been requested in April 2016, when she had taken up her post. The fostering team now had a permanent head of service, Caroline Smith.

2. The Cabinet Member, Mr Oakford, commented that the report of the independent review had been excellent. However, he expressed his disappointment at the media coverage which had ensued from its publication, which had focussed on and magnified a negative part of the review report. An industry expert who had been asked in a radio interview to comment on the review had been most complimentary about Kent's service.

3. Ms Khosla, Ms Smith and Mr Segurola responded to comments and questions from Members, as follows:

- a) in response to a question asked on behalf of a Thanet foster carer, about independent foster carers being used for placements ahead of in-house foster carers who might have capacity, Mr Segurola said he understood Thanet foster carers' frustration at having vacancies but had to bear in mind the pressure that large numbers of children in care would have on local services, for example, school places and health services. Having criticised other local authorities for placing excessive numbers of children in care in Kent, Kent must be careful that it did not replicate this trend with its own children in care. He clarified that the county council had discretion to place non-Thanet children within Thanet, as long as good quality matches could be found. He undertook to reply directly to the foster carer who had submitted the question;
- b) in response to a question about how the county council could compete with independent fostering agencies (IFAs), and the extent to which avoiding paying IFA fees would increase the funding available to support young people, Ms Smith explained that the county council was seeking both to broaden its range of foster carers and to have foster carer ambassadors to target recruitment of foster carers in shortest supply, such as mature carers and carers for disabled children, older children and siblings. It was known that many foster carers were first attracted to the service via word of mouth from friends and neighbours. The target was to recruit 200 new foster carers in the next 12 months, to support the improvement of the service. Recruitment campaigns would target areas of high footfall, such as rail stations. The content and visual impact of fostering campaign leaflets was praised;
- c) in response to a question about the quality of recording and record keeping, which Ofsted had criticised, Ms Khosla confirmed that Ofsted inspectors had been able to view all records. Ms Smith added that a dedicated officer had been engaged whose job it was to review and upload all records electronically. This project was currently halfway through and would be complete by the time of the next Ofsted review;
- d) it was suggested that the report, with the addition of suitable RAG ratings for each part of the action plan, be submitted to full Council in 3 months' time. This would raise awareness of the corporate parenting responsibility of all 84 Members and give them confidence that a robust service was in place. The best timing of this report was discussed, and whether or not the issue should first be reported back to the Children's Social Care and Health Cabinet Committees, although the need to raise awareness of the corporate parenting responsibility among other Members was agreed. Ms Khosla advised that the action plan was already RAG rated; and
- e) the issue of corporate parenting training for newly-elected Members was then discussed, and a view expressed that this be part of the core training, early in a new Member's term of office. It was pointed out that the corporate parenting role did not appear in the 'job description for a County Councillor in the county council constitution. It was also suggested that the

'key questions to ask' document, concerned with safeguarding, be re-issued. Ms O'Grady reported that she was working with young people to re-design the e.learning module on safeguarding and the corporate parenting handbook, and to raise the profile of this issue.

4. RESOLVED that:-

- a) the content of the fostering review be noted, and the fostering service action plan be endorsed; and
- b) a further report be made to the Panel in six months' time and the Chairman take advice on reporting the issue to full Council.

173. Kent Adoption Service - Annual Report 2015/2016

(Item B2)

Mrs S Skinner, Head of the Adoption Service, was in attendance for this issue.

1. Mrs Skinner introduced the annual report and reported latest figures, as follows:-

- 19 new adopter assessments were currently at stage 2
- 22 new adopter assessments were currently at stage 1

- 13 approved adopters were awaiting matching with suitable children
- 56 children had been placed for adoption, up from 31 since April 2016
- 27 adoption orders had been granted so far in 2016/17

- There were 18 agency decision maker (ADM) decisions in the courts system

2. Mrs Skinner, Mr Segurola and Ms Khosla responded to comments and questions from the Panel, as follows:-

- a) the number of adoption orders made so far in 2016/17 was much lower than that for the same time last year and matched the national trend. Previous years' figures had been higher as they had included a legacy of cases which had been delayed in the system, and current rates were lower, partly as adoption was not necessarily the preferred option for some children in care. There had been a sharp increase in the number of special guardianship orders being granted by courts, which had brought a corresponding rise of costs to the County Council. Such cases often resulted in a child returning to care, and in these cases the County Council would return the case to court. Children could only be placed for adoption on the direction of a court;
- b) the level of engagement with the Judiciary had improved in the last five years, with engagement with the Adoption Leadership Board, and this work had sought to emphasise to the Judiciary the need to have regard to a guardian's lifelong ability to care for a child placed with them via a special

guardianship orders. It was expected that, if the number of adoption placements were not to increase, there would be calls for changes to primary legislation; and

- c) a mentoring system for prospective adopters had previously been proposed, and Mrs Skinner undertook to advise a questioner outside the meeting about the progress which had been made on this.
3. RESOLVED that the information set out in the report and given in response to comments and questions, and the Adoption Service Performance for 2015/2016, be noted, and the plans in place to deliver an 'Outstanding' service during 2016/17 be endorsed.

174. Unaccompanied Asylum Seeking Children update *(Item B3)*

Ms J Williams, UASC Strategic Manager, was in attendance for this item.

1. Ms Williams and Mr Segurola introduced the report and responded to comments and questions from the Panel, as follows:-
 - a) the deadline for local authorities to commit to take part in the National Transfer Scheme (NTS) was 22 September 2016, so the final level of take-up could not yet been identified. However, 38 local authorities were known to have signed up to take part;
 - b) responsibility for assessing the age and health status of a new arrival would fall upon the authority taking over responsibility for them via the national transfer scheme. However, if there was any suspicion that they were older than they purported to be, the County Council would investigate this upon their arrival in Kent;
 - c) the duties which would arise when a young person turned 18, and the associated costs, may deter other local authorities from taking over responsibility for them in a dispersal scheme. Mr Segurola confirmed that this was a huge concern for many local authorities. In Kent, the 18+ accommodation funding available was adequate to cover the costs of in-house foster carer placements but not adequate for independent foster carer placements. Kent's shortfall in Home Office grant funding for this in the current year was expected to be approximately £2million. In addition, the County Council was the 'anchor' authority for the NTS and should be adequately funded for undertaking this administrative role;
 - d) Mr Segurola referred to a new but increasing trend for young arrivals *not* to claim asylum, and hence not be part of the cohort for which the County Council could claim Home Office UASC funding. Those who were accompanied but whose companions later left them also did not qualify as UASC and hence would not attract funding, although their status as children in care required the County Council to take responsibility for them. Those over 18 whose rights to remain had been exhausted had to be accommodated in the county at the County Council's expense, while Human Rights assessments were completed;

- e) the youngest UASC to arrive in Kent was 6, travelling with a sibling of 8, although the main cohort was aged between 15 to 17, with a few aged 11 or 12;
 - f) the pressures previously placed on accommodation services had eased since 2015. Young people aged over 18 would be supported via shared accommodation services, which were currently being re-commissioned;
 - g) the provision of education placements for UASC was another pressure for the County Council, and finding suitable placements was a challenge for foster carers looking after them. Secondary education for UASC was a big issue as there was a dis-incentive for colleges to offer sufficient entry-level courses for them. UASC would arrive and want to enter college throughout the year, so were often not on roll at the start of the academic year, when funding was allocated for the number of students then enrolled. In addition, provision of good English as a Second Language (ESOL) courses was inconsistent across the county. These issues were similar to those experienced by special educational needs and disabilities (SEND) students, and colleges were often reluctant to look beyond a student's basic English and maths skills. What was required for UASC students was a more bespoke programme of courses; and
 - h) some schools seemed to be reluctant to enter UASC students for GCSEs as they feared that it would harm their performance figures. Mr Doran undertook to look into this issue.
2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

175. Performance Scorecard for Children in Care
(Item B4)

Mrs M Robinson, Management Information Service Manager, was in attendance for this item.

1. Mrs Robinson introduced the report and explained that the reporting format had changed since previous reports to the Panel. The two red-rated areas of performance were around health assessments, and performance on both of these had increased greatly since the report had been prepared. One area of performance, the number of children in care experiencing three or more placement changes, was approaching a red rating but this issue, and the reasons for the pattern, had been well covered in other reports recently to the Children's Social Care and Health Cabinet Committee and to this Panel.
2. In response to a question about monitoring the number of complaints about services received from young people, there was general agreement in the Panel that this should be included in future scorecard reports.
3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

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From: Graham Gibbens
Cabinet Member, Adult Social Care and Public Health
Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 10th November 2016

Subject: School Public Health Services – Contract awards

Classification: Unrestricted

Past Pathway of Paper: This is the first committee to consider this paper.

Future Pathway of Paper: Cabinet Member Decision – 16/0000038a

Electoral Division: All

Summary

The Children's Social Care and Health Cabinet Committee has previously endorsed plans to commission new School Public Health Services across Kent through a competitive procurement process. This procurement process started earlier in 2016 and is being undertaken as part of the wider procurement of the Children's Emotional Wellbeing and Mental Health Services across the county.

The combined annual budget for the first year of the contracts is expected to be approximately £6m and will be funded from the Public Health grant. The contract values will be subject to a year on year reduction over the life of the contract in line with the planned reductions to the Public Health grant.

The total maximum contract value over the initial five year term will be £29m and the contract award will require a key decision by the Cabinet Member. The new services are due to start operating on 1st April 2017.

Recommendations

Members of the Committee are asked to:

- i. **COMMENT** on the progress of the procurement of the School Public Health Services
- ii. Either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award contracts to the successful bidder(s) (from those listed in the exempt appendix to this report).

1. Introduction

- 1.1. The Children's Social Care and Health Cabinet Committee has previously endorsed plans to commission new School Public Health Services across Kent through a competitive procurement process.
- 1.2. This paper aims to provide an update on the progress of the procurement process and seeks the committee's endorsement of a proposed key decision to award the new contracts.

2. Background

- 2.1. As part of its responsibilities for public health and for delivering improved health and wellbeing outcomes for children and young people in Kent, KCC Public Health has commissioned school public health nursing services across the county since April 2013.
- 2.2. The services are currently delivered by Medway Foundation Trust (MFT) in Sittingbourne and Sheppey and Kent Community Health NHS Foundation Trust (KCHFT) across the rest of Kent.
- 2.3. The Committee has previously welcomed and endorsed the proposal to re-commission these services as part of a wider collaboration with health commissioners to implement *'The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults in Kent'*.
- 2.4. At its meeting in July 2016, the committee noted that the new services would be organised into two distinct lots:
 - A **Primary School Public Health Service** for children aged 5-11; and
 - An **Adolescent Health and Targeted Emotional Wellbeing Service** (mainly for young people aged 11-19)
- 2.5. These services will aim to improve physical as well and emotional and mental health of children and young people in Kent. This will include delivering the National Childhood Measurement Programme (NCMP), vision and hearing screening and health assessments at Year R and Year 6.

3. Progress

- 3.1. The procurement process started in June 2016 with a pre-qualification stage. The bidders who passed this stage were invited to submit 'outline solutions' which gave an overview of their proposed service models and approach.
- 3.2. This has now progressed through to a competitive dialogue process with a number of providers who are listed in the attached exempt report. This has enabled KCC and Clinical Commissioning Group (CCG) commissioners to engage in discussions with potential providers and explore their proposed solutions in more detail and to consider bidders' questions or suggested changes to service requirements.
- 3.3. The table below sets out the timetable for the rest of the procurement process:

Bidders invited to submit final tenders	24 th November
Complete Evaluation of Final Tenders	23 rd December
Award contract	Early January 2017
Service mobilisation	January – March 2017
New Service start date	1 st April 2017

- 3.4. The new services will play a critical role in delivering an integrated system to improve emotional wellbeing of children and young people. The services will include a universal (Tier 1) emotional wellbeing service for all school-aged as well as more targeted (Tier 2) support for approximately 2,000 young people. This will replace the existing contract for Young Healthy Minds.
- 3.5. The Tier 3 Children and Young People's Mental Health and Emotional Wellbeing Service (CYPMHS) is being commissioned by CCGs as part of the same procurement process. However, the contracts for these services are not due to be awarded until May 2017 with the services starting in September 2017.

4. Financial Implications

- 4.1. The new School Public Health Service contracts will be funded from Kent's Public Health grant. The grant was reduced by 7.5% in 2016/17 and is due to be reduced by a further 2.5% in 2017/18 with further reductions expected in future years.
- 4.2. The new contracts for School Public Health Services have been allocated an indicative combined budget £6,000,000 in the 2017/18. The new contracts will be structured to deliver year-on-year efficiency savings to ensure that the service remains affordable but can still meet the essential requirements of the contract.
- 4.3. The maximum total contract value over the initial five-year term of the contract will be £29,000,000. The exact contract values will be determined through the final stages of the procurement process. The contract award will require a key decision by the Cabinet Member for Adult Social Care and Public Health.

5. Risks

- 5.1. The risks associated with the reducing budget will be managed through effective commissioning and through effective joint working between the service providers and other partners.
- 5.2. Commissioners will scrutinise provider performance, finances and key risks through the contract monitoring process in order to mitigate any significant risks to service delivery. Public Health will also encourage and support collaboration between providers, schools and other partners to help ensure that services make best use of the full assets and knowledge that are available across the county.
- 5.3. The different service start dates for the School Public Health Service (1st April) and the CYPMHS (1st September) could present some potential risks for service delivery and continuity. This risk will be managed through close working with CCG commissioners through the CYPMHS procurement programme board.
- 5.4. Bidders have also been asked to submit detailed transition and mobilisation plans as part of their tender. The transition to the new services will be carefully managed in order to minimise any unnecessary disruption for children, young people and families.

6. Conclusion

- 6.1. The Committee has previously endorsed commissioning plans for School Public Health Services on a number of occasions. Since the last update in July 2016, there

has been substantial progress in the procurement of a new Primary School Public Health Service and an Adolescent Health and Targeted Emotional Wellbeing Service.

- 6.2. The procurement is due to conclude with contract due to be awarded early in January 2017 for an initial term of five years. The anticipated combined annual contract value for 2017/18 is approximately £6m but is expected to reduce over the life of the contract. The total maximum contract value for the initial five year term will be £29m.
- 6.3. The contract awards will be subject to a Cabinet Member key decision. A proposed Record of Decision has been included as an accompanying paper to this report.

7. Recommendations

Recommendation: Members of the Committee are asked to:

- i) **COMMENT** on the progress of the procurement of the School Public Health Services
- ii) Either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award to the successful bidder(s) (from those listed in the exempt appendix to this report).

Background Documents:

Reports to Children's Social Care and Health Cabinet Committee on:

- 5th July 2016
- 22nd March 2016
- 22nd January 2016
- 8th September 2015

Report Authors:

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Relevant Director

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care & Public Health

DECISION NO:

16/00038a

For publication
Subject: School Public Health Services – Contract awards
Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to award contracts to the successful bidder(s) (from those listed in the exempt appendix to the accompanying report).

Reason(s) for decision:

The Children's Social Care and Health Cabinet Committee previously endorsed plans to commission new School Public Health Services across Kent through a competitive procurement process. This procurement process started earlier in 2016 and is being undertaken as part of the wider procurement of the Children's Emotional Wellbeing and Mental Health Services across the county.

The combined annual budget for the first year of the contracts is expected to be approximately £6m and will be funded from the Public Health grant. The contract values will be subject to a year on year reduction over the life of the contract in line with the planned reductions to the Public Health grant.

The total maximum contract value over the initial five year term will be £29m and the contract award will require a key decision by the Cabinet Member. The new services are due to start operating on 1st April 2017.

Cabinet Committee recommendations and other consultation:

The Children's Social Care and Health Cabinet Committee considered the matter at its meetings on 8 September 2015, 22 January 2016, 22 March 2016 and 5 July 2016 and has previously endorsed the proposed decision to extend the contracts for School Public Health and Young Healthy Minds services until 31 March 2017.

The award of new contracts for the School Public Health service will be discussed by the Children's Social Care and Health Cabinet Committee on 10 November 2016, and the outcome of that discussion will be included in the paperwork the Cabinet Member will be asked to sign when taking the decision.

Any alternatives considered:

A competitive tendering exercise is underway.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

 signed

 date

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From: Peter Oakford, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee - 10 November 2016

Decision No: 16/00087

Subject: **REVIEW OF MEANS TESTING FOR SPECIAL GUARDIANSHIP ORDER ALLOWANCES, ADOPTION ALLOWANCES AND OTHER RELATED ALLOWANCES**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council has a significant current and future financial commitment to children subject to Special Guardianship Orders and Adoption Orders where financial support has been agreed to be paid.

The current method of completing the financial means testing of claimants needs reviewing to ensure a more equitable process is applied. By introducing a fairer system, not focused on individual lifestyle choices, it is predicted that Kent County Council will reduce its expenditure on allowances as such choices will be self-funded by the claimants and not by the Local Authority.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached as Appendix 1) to:

- a) **REVIEW** the means testing for Special Guardianship Order Allowances, Adoption Allowances and other related Allowances; and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 Kent County Council pays monetary allowances to Special Guardians and adopters in certain cases where an assessment has concluded that this is necessary to support the placement of the child. In such cases a financial

assessment is undertaken utilising an assessment framework provided by the Department for Education (DfE).

1.2 Financial support for Adoption and Special Guardianship is available under the provisions of the Adoption Support Regulations 2005, and the Special Guardianship Regulations 2005 (amended 2016).

1.3 Adoption and Special Guardianship Order Allowances are calculated according to a standardised means test, which is a guidance tool produced by the DfE. Applying this guidance the maximum payment per week, per child is equivalent to the Fostering Maintenance Allowance. Child benefit is deducted from this amount unless the family are in receipt of unemployment/ Income Support related benefits.

1.4 For example a family in employment would have their allowance calculated for a child under one year of age in the following way:

- The fostering maintenance element for a child under the age of two is £146.44 per week. For the purposes of this example maximum child benefit of £20.70 will be deducted. This means the maximum allowance payable by KCC would be **£125.74** per week.
- Fostering maintenance amounts also increase with the child's age so the maximum allowances paid for this child until the age of 18 would look like this (assuming maximum allowance was always paid and not including inflationary uplifts or increases in fostering maintenance).

Age Group	Per Week £	Per Annum £
Under 2 years	125.74	6538.48
2 - 4 years	130.08	6764.16
5 – 8 years	147.30	7659.60
9 – 10 years	147.30	7659.60
11 – 15 years	169.91	8835.32
16 – 28 years	203.30	10571.60

1.4.1 The accumulative total cost to the Council for this child, assuming an allowance continued to be paid until the age of 18 years, using today's figures, would be **£142,141.48**

1.4.2. If the family were not in employment, the cost would be greater as the child benefit element would not be deducted from the basic fostering amount. The cost for this child until the age of 18 would increase to **£160,440.28**.

1.5 The means test process takes into account the household's income and expenditure.

1.5.1 Household income is broadly calculated by adding up the household income from earnings and benefits and disregarding 20% of this amount. Various outgoings are allowed to be deducted, thus reducing the disposable income.

The equivalent income support rate plus 25% enhancement is then compared to this amount. The fostering maintenance element is then introduced to this figure to see whether there is sufficient disposable income left to offset any allowance.

- 1.6 For guardians/adopters with greater disposable income than the income support calculation, their allowance is reduced by 50p for every £1 they have of disposable income over and above the accepted minimum amount a household should have using the above formulae.
- 1.7 This means that after council tax, mortgage/rental costs and living costs (food, clothing and utilities for all household members) are deducted from available income no child placed with the adopters or guardians would have less than the minimum equivalent fostering maintenance available to them as this would be made up with household disposable income and KCC allowance payments.
- 1.8 It has been imperative to ensure that there are robust financial review mechanisms in place within the Children's Allowance Review Team (CART). This has included the introduction of a 12 week review after the legal order is made to ensure that guardians/carers/adopters have claimed all applicable state benefits, thus reducing expenditure.
- 1.9 In the current financial climate it is timely for the Council to consider the most effective and consistent approach to means testing. The current process, whilst vigorous, can be ambiguous and subjective. The proposals have been formulated in consultation with KCC finance colleagues and the advice of legal Counsel has also been sought. They are envisaged to reduce the current expenditure on means tested allowances by implementing a process that is fairer to all and is clearer with regard to what constitutes legitimate expenditure and disposable income.

2. Financial Implications

- 2.1 The Council's projected forecast expenditure on Special Guardianship Order (SGO) Allowances alone is likely to continue to increase per annum as the numbers of younger children subject to this type of order increase, meaning the financial pathway starts at a younger age.
- 2.2 The table below evidences the financial increases in allowances paid, in particular to special guardians.

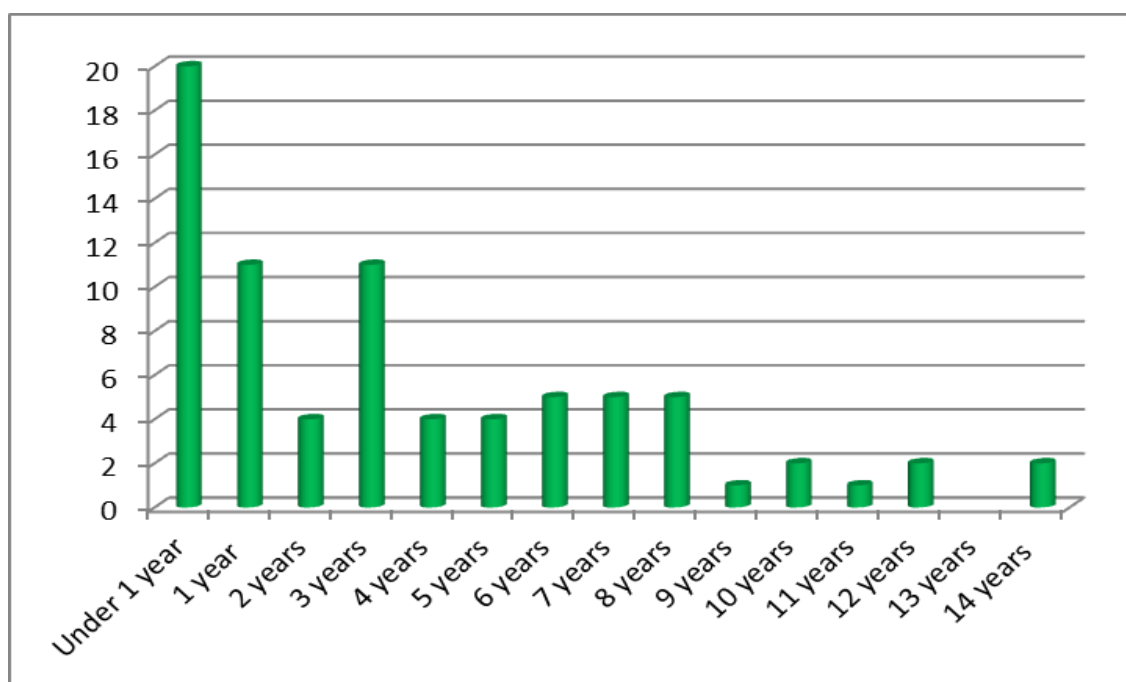
	Adoption		SGO	
	*£	*Orders with Payments	*£	*Orders with Payments
2012/2013	3,697,600	449	2,300,600	353
2013/2014	3,645,200	397	3,206,100	488
2014/2015	3,306,800	420	3,976,400	566
2015/2016	3,637,700	393	5,475,500	715
2016/2017	3,367,500	365	6,357,500	740

*£ = Outturn or Forecast Outturn (2016-17)

*Orders = No of orders at end of each Financial Year with a cost or current orders with a cost (201617)

2.3 Since the financial year of 2013/14 there has been a significant rise in SGO allowances being paid, with an increase of 252 cases receiving an allowance since then (some of this increase will have been attributable to CART moving children to the correct court order code within the budget and not all will be new cases). The approximate total expenditure of adoption and SGO allowance payments is forecast to rise to well above £9 million by 2017.

2.4 It is important to consider the ages of the children being made subject to Special Guardianship Orders as this places a significant financial commitment from the Local Authority to pay allowances over a longer period of time. The table below represents the new cases by age group between September 2014 and September 2015.



3. Policy Framework

3.1 The DfE guidance tool is widely used by Local Authorities across England as a basic interpretation of income and outgoings for the purposes of calculating an allowance. However the guidance is written to provide a platform for Local Authorities to build from and it is from this starting position that the Council needs to consider specific interpretations. Legal advice from Counsel of Coram Chambers affirms that it is perfectly reasonable for the Council to look to develop a clearer interpretation of this guidance for their own use in the means testing of allowances; the Counsel's advice is referred herein as the "legal position".

4. Consultation

4.1 A consultation exercise was carried out over the course of the summer with questionnaires being sent out to 728 households. Responses were received from 175 households. Respondents were asked to confirm if they agreed or disagreed with each element of the proposals. As an overall percentage of the cohort, the disagreement rate varied between 4% to 10%. The changes proposed have therefore been widely consulted on and the responses from those directly affected given careful consideration.

5. Proposals

5.1 Disability Living Allowance (DLA)

5.1.1 The DfE guidance states:

Financial support paid to adoptive parents or special guardians under the regulations cannot duplicate (or be a substitute for) any payment to which adopters or special guardians would be entitled under the tax and benefit system. We recommend that Local Authorities only include benefits that are currently being paid to members of the household. If the Local Authority believe that there are other benefits to which the household would be entitled, this should be pointed out to the adopters or special guardian.

5.1.2 Currently the Council does not consider DLA payments to be part of the household income when they are made to the child for whom the special guardianship or adoption allowance is paid. When other adults and children in the household are in receipt of this benefit KCC do include this within the income section.

5.1.3 Legal position: The legal obligation on the Local Authority when assessing means for ongoing financial support is set out in the Regulations.

5.1.4 In determining the amount of financial support, the Local Authority must take account of any other grant, benefit, allowance or resource which is available to the person in respect of his needs as a result of becoming a special guardian of the child.

5.1.6 The Local Authority must also take account of the following considerations:

- the person's financial resources, including any tax credit or benefit, which would be available to him if the child lived with him;
- the amount required by the person in respect of his reasonable outgoings and commitments (excluding outgoings in respect of the child);
- the financial needs and resources of the child.

5.1.7 However, the Local Authority has a discretion (i.e. it may) disregard means if it considers that it needs to provide financial support because **the child needs special care which requires a greater expenditure of resources than would**

otherwise be the case because of his illness, disability, emotional or behavioural difficulties or the consequences of his past abuse or neglect.

5.18 It follows that DLA received in respect of the child can and, except in very unusual cases where special financial needs arise, must be taken into account, but so too should specific costs associated with meeting the child's needs.

5.1.9 Proposed KCC position: Disregard the first 50% of any DLA paid which would not require any supporting evidence and for those wishing for the full amount to be disregarded they would have the option of providing receipted evidence of expenditure against the full amount of benefit.

5.2 Carers' Allowances

5.2.1 Carers' Allowance is an additional payment to support the care of the child. There is clear duplication of the allowance which is paid to support in the care of the child. There needs to be clearer guidance to adopters/guardians/carers that they must declare this benefit.

5.2.2 Legal position: Nothing in the statutory materials or guidance or even the non-statutory guidance justifies disregarding these allowances.

5.2.3 Proposed KCC position: The means test form is further developed to ensure this is being declared and included as income

5.3 Capital, Savings, and Investments (incl. Dividends)

5.3.1 Self-Employed

The non-statutory guidance which accompanies the model means test (Means Testing Guidance, MTG) states:

Where one (or both) of the parents or special guardian is self-employed, the only income which should be considered is 'drawings' as this is the equivalent of pay from an employer. Any profit from the business sitting in a bank account (and thereby not being reinvested) should be taken into account as capital under section 1iv: other sources of income.

5.3.2 Legal position: Annual business bank statements need to be provided along with an explanation of any drawings.

5.3.3 Proposed KCC position: KCC to request the last twelve months business account statements in order to properly calculate the interest paid and drawings taken from the business. KCC needs to move to a position where business operated out of personal business accounts is no longer acceptable as it is impossible to draw a distinction between personal income and business earnings.

5.4 Dividends and investments

5.4.1 KCC does not ask for evidence of capital, savings or investments in order to calculate the net monthly interest.

5.4.2 The Means Testing Guidance states:

Where the family receive income from capital, savings and/or investments, this should be assessed in terms of net monthly interest only, as paid. This is the income that is routinely available to the family, and should be clearly shown on statements/similar. Any interest received from Government Child Trust Funds should not be included in this section.

5.4.3 Legal position: It is entirely reasonable that evidence is requested. In the cases of dividends the annual Limited Company statement should be supplied along with their annual personal tax return. Annual bank statements should be obtained showing savings.

5.4.4 Proposed KCC position: KCC asks for annual bank statements to be submitted relating to capital, savings and investments. In relation to dividends the claimant should ask for a print out from the limited company to prove what they have received. A separate declaration box should be introduced declaring that all sources of income have been disclosed. All lump sums must be declared. KCC should divide the sum by 12 to reflect the coming year and add this amount to the available income to the household.

5.5 Child Benefit

5.5.1 KCC deducts child benefit from the allowance unless the family is on income support. KCC does not deduct child benefit from the family if they are a high earning family and are taxed on the child benefit they receive. This in effect means that KCC award them the equivalent of the child benefit since they pay this back via their taxes.

5.5.2 **Legal Position:** KCC can state that they have taken the decision that, where the Government has withdrawn a universal benefit and made it means tested, they will not pay to make up a government shortfall.

5.5.3 **Proposed KCC position:** KCC deducts the equivalent in child benefit from the fostering maintenance as it does to all lower earning working families to be fair and equitable.

5.6 Mortgages

5.6.1 There is a practice whereby some adopters and SGO holders have several mortgages. These are not mortgages associated with Buy to Let properties but are linked to the property where the applicant resides. These are usually either increases in borrowing against the original mortgage or are secured loans (thus becoming a second mortgage). Traditionally KCC has taken all these mortgages into account.

5.6.2 The MTG states:

Include mortgage payments, made up of capital and interest, and also including any endowment payments linked to the mortgage.

5.6.3 Legal Position: KCC could adopt a position of disregarding certain things i.e. once they have an SGO, we would not be meeting payments for any additional mortgage on the same property unless it relates directly to the child, e.g. disability related (ramps, wet room etc.) or the addition of a bedroom for the child etc. This can be justified on the basis that KCC needs to adopt a consistent approach across the recipient families of what is “reasonable expenditure and commitments” as required by the regulations.

5.6.4 Proposed KCC position: Only the existing mortgage of the property at the time of the making of the order should be taken into consideration. Subsequent increases to, or secured loans against the property should be disregarded.

5.6.5 KCC should not allow outgoings relating to second mortgages and other increased borrowing against the property for the purposes of debt consolidation, car purchase, holidays, furnishings or cosmetic improvements to the family home. However, there should also be provision for extension costs, such as the addition of a bedroom, if these are directly attributable to the young person/s now in their care as a result of the order.

5.7 Car Loans

5.7.1 KCC currently accept payments toward a car as a legitimate outgoing. Personal loans for the purchase of cars are not included in this. There is no decision regarding capping the limit of borrowing for a car, or of limiting the time period, so for example a family could continually upgrade their car to a new model and KCC would continue to accept this as a legitimate outgoing.

5.7.2 The guidance states:

Where the family pay regular monthly repayments on loans for housing improvement (e.g. extensions/new kitchens) or transport costs (e.g. new car), we suggest that these are included in this section. Local authorities will need to decide in relation to the individual circumstances as to whether a loan repayment should be included here.

5.7.3 Legal position: KCC could decide not to include car loans in the permitted expenditure section and could consider offering an additional sum of money to contribute toward travel costs so that when and how people spend it is up to them. People could choose whether to borrow money for a car and pay back with the allowance payments and could also choose how much they wanted to spend on a vehicle. If they spend more, that would be a personal choice. This figure would need to be based on evidence to show what level of travel costs are considered to be a reasonable level of expenditure.

5.7.4 Proposed KCC position: No car loans are taken into consideration as the fostering maintenance element already includes a 10% element of travel.

5.8 General Loans

5.8.1 KCC's current position is that personal loans cannot be included as legitimate outgoings.

5.8.2 **Legal Position:** It would be perfectly legitimate to say that a second loan or additional mortgage would only be considered if they are for work done on the home to maintain its integrity or an extension required to meet the needs of the child.

5.8.3 KCC could require evidence of the loan and expenditure of the above before agreeing to accept this outgoing.

5.8.4 **Proposed KCC position:** Loans should not be taken into account unless there is clear evidence of the purpose of the loan. It is proposed that the same criteria for secured loans/ second mortgages applies and that KCC adopt a position of allowing a loan for essential maintenance works associated to the property which would not be covered under the buildings insurance policy (these could include re-wiring, central heating and essential plumbing). There should also be provision for extension costs such as the addition of a bedroom, if this is directly attributable to the young person/s now in their care as a result of the order.

5.9 Pensions

5.9.1 **Deferring**

5.9.2 The rules for deferring for State Pension are changing if you reach State Pension age on or after 6 April 2016.

5.9.3 You cannot build up extra State Pension or lump sum payments for any days you also receive:

- Income Support
- Pension Credit
- Employment and Support Allowance (income-related)
- Jobseeker's Allowance (income-based)
- Universal Credit
- Carer's Allowance
- Incapacity Benefit
- Severe Disablement Allowance
- Widow's Pension
- Widowed Mother's Allowance
- Unemployability Supplement

5.9.4 **Legal Position:** Where a Central Government funded benefit, such as Job Seekers Allowance, is available to a carer but has not been claimed, whether through choice or ignorance, KCC does not deem it to be income received. This is consistent with the Guidance and MTG referred to above

5.9.5 The same principle would apply where a carer could take a benefit under a private policy but chooses not to do so, on the basis that it will be worth more in the long term.

5.9.6 **Proposed KCC position:** KCC should assess the pension income, irrespective of whether it has been deferred, as this is an accessible benefit and should have been claimed. A decision to defer, and thus increase the pension award in later years, is a personal choice.

5.10 Over payments on pension funds

5.10.1 The government sets the annual amount an individual can pay into a pension fund before it impacts on their tax paid. This figure increases as pension age nears.

5.10.2 **Legal Position:** KCC are entitled to say that additional pension funds/premiums will be disregarded unless in accordance with contracts i.e. a “commitment” under the terms of the pension. KCC would need to see contractual pensions as there is quite often an annual increase in premiums. A benchmark can be used on the basis of increases – whether these are additional voluntary contributions or standard pension payments.

5.10.3 **Proposed KCC position:** KCC apply exactly the same amount as the Inland Revenue. If an individual wishes to pay more, this extra is not treated as a relevant outgoings.

5.11 20% Disregard of earned income

5.11.1 Currently KCC disregard the first 20% of any earned income. This means that a significant amount of income which is available to the family is not included in the financial assessment. This is a recommended approach to calculation of allowances within the Standardised Means Test Model.

5.11.2 KCC also calculate the basic living costs to be 125% of Income Support levels (which is 25% above what the government determines is a reasonable standard of living). This means that the family, after also factoring the minimum fostering maintenance allowances never have less than 125% of income support levels for a family their size and, if earnings are low, they will generally be receiving the full amount of fostering maintenance. This is again part of the recommended approach within the Standardised Means Test Model.

5.11.3 **Legal position:** The statutory schemes and Guidance, which are binding on the Council, require the authority to have regard to all the carer’s income and set against it the ‘reasonable requirements’ for a household of that size.

5.11.4 The Council is not obliged to implement the Standardised Means Test which was first produced in 2005. It recognised in the guidance to the operation of that test that allowances should calculate in a way which is affordable to the paying authorities.

5.11.5 While the 125% figure provides a useful bench mark for assessing 'reasonable' core household needs, the continued exemption of 20% of income is not so obviously required to fairly calculate the allowances. The sample calculations demonstrate that for most families there will be no change in the allowances payable. It will however reduce the allowances to a higher earning household. It seems therefore justified that we should no longer disregard 20% of the earned income from this calculation.

5.11.6 **Proposed KCC position:** KCC includes 100% of earned income as money available to the household and no longer disregards 20% of this amount.

6. Legal Advice on Managing Change

6.1 Careful thought needs to be given to introducing major changes in the way the means test is approached, as families who have been assessed and in receipt of payments will have become used to a particular approach and may have made plans based on assumptions such as the way capital will be treated

6.2 It will probably be necessary to phase changes (for existing recipients) to allow families time to adjust. Otherwise there will be complaints based on breach of legitimate expectation and lack of consultation.

6.3 The regulations require that those who are assessed or being re-assessed must be given an opportunity to make representations before change is made to the payments they receive. The guidance suggests 28 days and those representations must be considered and reasons given for accepting or rejecting them. It should be expected that a change in the way that the means test is applied will throw up unexpected situations. Given that there are elements of discretion involved it would be prudent to allow for exceptions to be made by senior officers taking into account representations.

6.4 Regulation 13 of the *Special Guardianship Guidance* published in February 2016 states that Local Authorities must take into account all available income streams to the special guardian and must take into account reasonable outgoings and commitments. They must have regard to the maximum fostering maintenance element (which would have been payable if the child were fostered) when calculating how much allowance will be paid. These changes do not seek to challenge this and seek only to be clearer regarding allowed income and outgoings for households. Advice from Coram Chambers is that KCC can interpret the guidance and it is considered that the proposed changes do not have any legal implications for the council.

7. Equality Implications

7.1 An Equality Impact Assessment has been completed as part of the formal consultation exercise.

8. Conclusion

- 8.1 This report has sought to provide a robust framework for the purposes of means testing allowances. The current system allows for generous provision of lifestyle choices, such as second mortgages and new cars and the Council needs to develop the guidance from the DFES to be more compatible with the actual process of means testing.
- 8.2 The Children's Allowance Review Team is confident that all proposals are practicable and that this will provide a clarity with regard to income and outgoings which does not currently exist. The implementation framework for the changes would be 12 weeks from the date of endorsement by the Cabinet Committee. All recipients of allowances will be sent a letter setting out the new terms of the means test, thereby not receiving any less than a 12 week notice period.

9. Recommendation

9.1 Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (attached as Appendix 1) to:

- a) **REVIEW** the means testing for Special Guardianship Order Allowances, Adoption Allowances and other related Allowances; and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

10. Background Documents

Review of Adoption and Special Guardianship Allowances
<http://consultations.kent.gov.uk/consult.ti/childrensallowance/consultationHome>

11. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Peter Oakford, Cabinet Member for Specialist Children's Services

DECISION NO:

16/00087

For publication**Key decision**

Affects more than 2 Electoral Divisions

Subject: Review of Means Testing for Special Guardianship Order Allowances, Adoption Allowances and other related Allowances

Decision: As Cabinet Member for Specialist Children's Services I propose to:

- a) **REVIEW** the Means Testing for Special Guardianship Order Allowances, Adoption Allowances and other related Allowances
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision: The current method of completing the financial means testing of claimants needs reviewing to ensure a more equitable process is applied. By introducing a fairer system, not focused on individual lifestyle choices, it is predicted that KCC will reduce its expenditure on allowances as such choices will be self-funded by the claimants and not by the Local Authority.

Financial Implications: Whilst difficult to quantify, the Review will deliver some element of savings.

Legal Implications: Regulation 13 of the *Special Guardianship Guidance* published in February 2016 states that local authorities must take into account all available income streams to the special guardian and must take into account reasonable outgoings and commitments. They must have regard to the maximum fostering maintenance element (which would have been payable if the child were fostered) when calculating how much allowance will be paid. These changes do not seek to challenge this and seek only to be clearer regarding allowed income and outgoings for households. Advice from Coram Chambers is that Kent County Council can interpret the guidance and it is considered that the proposed changes do not have any legal implications for the council.

Equality Implications: An equality impact assessment has been completed.

Cabinet Committee recommendations and other consultation:

The decision will be discussed at the Children's Social Care and Health Cabinet Committee on 10 November 2016 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

None

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

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date

From: Peter Oakford, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee – 10 November 2016

Decision Nos: 16/00079

Subject: **SHARED ACCOMMODATION SERVICE FOR CHILDREN IN CARE AND CARE LEAVERS**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing Directorate Management Team - 31 August 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Specialist Children's Services purchase a Shared Accommodation Service for Children in Care and Care Leavers. The current contracts expire on 28 February 2017. Kent County Council is currently in the process of preparing for the competitive procurement of a new service and it is anticipated that a new service contract will be awarded in April 2017.

In the interim, it is recommended that the Council maintain current provision by contracting with the existing providers through a single source (SSA) for 6 months. This will support placement stability and gradual transition of service users to new service provider/s should existing providers be unsuccessful in the tendering process.

Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Specialist Children's Services on the proposed decision (Attached as Appendix 1) to:

a) **RE-AWARD** short-term interim contracts to deliver a Shared Accommodation Service for Children in Care and Care Leavers Aged 16-21 from 1 March 2017 to 31 August 2017; and

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer to implement the decision.

1. Introduction

- 1.1 Specialist Children's Services (SCS) purchase a Shared Accommodation Service for Children in Care (CIC) and Care Leavers. This is delivered through two block contract arrangements for the provision of 150 accommodation placements and a multiple supplier accommodation framework (call off) contract for provision of accommodation placements.
- 1.2 The three year contracts started on the 1 March 2012. Contract extensions were agreed in 2015 and end on 28 February 2017.
- 1.3 Through the 16-25 Accommodation and Support Programme, SCS are currently in the process of preparing for the procurement of a new service.

2. Financial Implications

- 2.1 The original contract value of these contracts was in the region of £1.8 million (approximately 300 bed spaces) per annum. Due to a large increase in the number of Unaccompanied Asylum Seeking Children (UASC) in Kent annual spend for 2015-16 was approximately £3 million (approximately 600 bed spaces).
- 2.2 The Home Office make grant funding available to KCC for the costs of supporting UASC and Care Leavers (Former UASC).
- 2.3 The service provided through these contracts is the most affordable when compared to the Council's other external Accommodation Services. Unit costs vary between £98 and £144 per service user per week. This Service is largely funded from the Home Office grant.

3. Policy Framework

- 3.1 At the heart of Facing the Challenge is the need to change the way the Council works, not only to improve services, but also to reflect the changing shape of wider public services.
- 3.2 The Council's Sufficiency Strategy sets out our approach to providing secure, safe and appropriate accommodation to CIC and Care Leavers.

4. The Report

4.1 Background and History

- 4.1.1 In December 2014 the 0-25 Portfolio Board agreed to the creation of a programme to redesign and align the accommodation and support pathway for CIC, Care Leavers and vulnerable young people. The Shared Accommodation Service for CIC and Care Leavers covered by this report is part of the remit of the programme.
- 4.1.2 In September 2015 the 0-25 Portfolio Board endorsed the 16-25 Accommodation and Support Commissioning Intentions.

4.1.3 The Council has sought views on different ways to deliver Services through the public consultation 'Proposed Changes to Kent's Supported Accommodation and Floating Support Services' between Monday 30 November 2015 and Monday 8 February 2016.

4.1.4 The Service provided through the accommodation contracts is currently in the process of preparing for the competitive procurement of a new service. The Procurement Plan was presented to Strategic Commissioning Board on 22 September 2016.

5. Options considered

5.1 Three main options exist at the current time for the Accommodation Service from 28 February 2017 – do nothing, maintain the status quo by contracting with existing framework providers through a single source, or externally tender for a new service provider.

5.2 Do nothing: It is not considered feasible to do nothing at this stage for a number of reasons:

- The three current providers have been clear that they cannot continue to lease houses for use by the Council without a contract as they must commit to a six month minimum lease on all properties. Due to this minimum rental agreement, they have requested that the Council's intention to continue to use their services is formalised.
- If a new contract is not in place a large number of service users currently accessing the services may lose their accommodation and become homeless.
- The Council will be required to provide the majority of existing service users with alternative accommodation which is likely to be more expensive and unaffordable through the Home Office grant.

5.3 Maintain current provision by contracting with existing framework providers through a single source (SSA): It is recommended that continuing provision of the service with the current providers will:

- Deliver the Council's statutory duty and provide stability for service users.
- Enable the Accommodation Service to be aligned as part of the wider 0-25 transformation programme and support a gradual transition of approximately 600 service users to a new service. Previous contract transition experience has taught us that it could take up to one year to transition service users to a new service/ providers.
- Secure accommodation in a challenging market for any new provider.
- Reduce risk as the three current providers have been flexible in their response to increased demand and have formed effective working relationships with the Council.
- Allow for greater knowledge regarding the impact of recent Government announcements and related policy changes including the impact of dispersal, new UASC guidance and the Government's intention for Local Authorities to support Care Leavers until the age of 25.

5.3.1 Legal Services have commented that;

“Although the reasons for the SSA, such as provision of the services with minimal disruption, are undoubtedly important, none of them could present a successful defence to any challenge received. Such challenges may not be able to be dealt with under the Council’s complaints procedure.

Recent market research undertaken should mean that the risk of challenge is reduced. The fact that a compliant procurement process will be undertaken should be communicated to the market as such knowledge may reduce the likelihood of challenges being made.”

5.3.2 Strategic Sourcing and Procurement have commented that;

“Procurement has discussed the single source with Specialist Children’s Services and Care Leavers and acknowledges the risks that would arise by not ensuring continuity of service from February 2017 for 12 months as it is not likely the new service will be in place until April 2017 at earliest. The single source will allow for both interim cover from February 2017 until the new contract is in place, and also for a smoother transition to the new service after this point due to the challenge of moving up to approximately 600 young people to the new service. Procurement have advised of the risks of challenge and of the need to ensure adequate exit and transition arrangements are in place in both the single source and the new service to be implemented next year.

It is important that the Corporate Director notes the term and extension options being approved (if at all). Strategic Sourcing & Procurement does not support single source actions by policy, but does recognise that in some circumstances the business risks and needs outweigh the legal risks of not undertaking due process.”

5.4 Externally tender for a new service

5.4.1 The Council is currently planning the possible procurement of a new Accommodation Service.

6. Legal Implications

6.1 The Council has a statutory duty to provide suitable and safe accommodation that has the right level of support for CIC (including UASC) in accordance with the Children’s Act 1989.

6.2 The Council must provide Care Leavers (including former UASC) with support and financial support to assist in promoting their welfare, especially in relation to maintaining suitable accommodation and promoting education and training.

6.3 The Treaty of Rome, EU directive and UK legislation require that competition will be part of the overall procurement approach to securing works goods and services. However, a number of special circumstances exist where this may not be applicable or possible, e.g. the purchasing of adult and children’s services is required by law under the National Assistance Act 1948 and the Children Act

1989. A non-compliant procurement route has been recommended for this requirement for the reasons outlined in this document.

7. Equalities Implications

7.1 An EQIA assessment has been undertaken and a low weighting has been determined. The EQIA supports the intention to diversify provision according to individual needs of service users.

8. Conclusions

8.1 The current contracts end on 28 February 2017. Action needs to be taken regarding service provision from this date until any new service is fully operational.

8.2 It is suggested that a Single Source Procurement is undertaken for up to 6 months to run from 1 March 2017 to 31 August 2017. During this time a fully competitive procurement process will be undertaken.

9. Next Steps

9.1 A timetable of the key activities to re-award short-term interim contracts (**SSA**) is detailed below:

Proposed Timetable	
Children's Social Care and Health Cabinet Committee	10 November
Sign off by Cabinet Member for Specialist Children's Services	16 November 2016
Standstill	16 November– 22 November 2016
Contract Preparation and Sealing	December 2016
Contract Commencement Date	1 March 2017
Contract End Date	31 August 2017

10. Recommendations

10.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Specialist Children's Services on the proposed decision (Attached as Appendix 1) to:

a) **RE-AWARD** short-term interim contracts to deliver a Shared Accommodation Service for Children in Care and Care Leavers Aged 16-21 from 1 March 2017 up to 31 August 2017; and

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer to implement the decision.

11. Background Documents

11.1 Proposed Changes to Kent's Supported Accommodation and Floating Support Services

<http://consultations.kent.gov.uk/consult.ti/SupportedAccommodation/consultationHome>

12. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Peter Oakford,
Cabinet Member for Specialist Children’s Services

DECISION NO:

16/00079

For publication

Key decision

Affects more than 2 Electoral Divisions and expenditure of more than £1m

Subject: Single Source Action Proposal for the provision of accommodation placements for Looked After Children and Care Leavers aged 16-21.

Decision: As Cabinet Member for Specialist Children’s Services, I propose to
a) **RE-AWARD** short-term interim contracts to deliver a Shared Accommodation Service for Children in Care and Care Leavers aged 16-21 from 1 March 2017 to 31 August 2017.
b) **DELEGATE** authority to the Director of Social Care, Health and Wellbeing, or other nominated office, to undertake the necessary actions to implement the decision.

Reason(s) for decision:

KCC currently purchase an Accommodation Service for Children in Care and Care Leavers Aged 16-21. The service is delivered by 3 organisations on behalf of KCC and is predominantly but not exclusively accessed by Unaccompanied Asylum Seeking Children (UASC). The service is delivered through 2 block contract arrangements for the provision of 150 accommodation placements and a multiple supplier accommodation framework (call off) contract for provision of accommodation placements. The 3 year contracts started on the 1 March 2012, and a contract extension was agreed in 2015 and this ends on 28 February 2017.

The value of these contracts is £1.8 million; however, spend for 2015/16 was approximately £3m the majority of this expenditure is met from a Home Office grant. The contracts are due to end on the 28th February 2017.

The Council is currently in the process of preparing for the procurement of a new Accommodation service. It is anticipated that this contract will be awarded in April 2017.

The dramatic increase in the number of UASC entering Kent has resulted in an increase in demand for services. This service is the most affordable for this client group. There are approximately 600 service users and previous contract transition experience has shown that it could take up to one year to transition service users to a new service/ providers

The three current providers have been clear that they cannot continue to lease houses for use by KCC without a contract as providers must commit to a 6 month minimum lease on all properties.

Approving a Single Source Action allows sufficient time to align with the Procurement timetable, existing services to continue with minimal disruption to service users and support a gradual transition to new service.

Legal Implications

KCC has a statutory duty to provide suitable and safe accommodation that has the right level of support for Children in Care (including UASC). KCC must also accommodate 16 and 17 year old

child in need (in accordance with Section 20 of the Children's Act 1989), a child / young person to whom Bail has been denied and children remanded to local authority accommodation (RLAA) and 16 and 17 year old Care Leavers.

KCC must provide Care Leavers (including former UASC) with support and financial support to assist in promoting their welfare, especially in relation to maintaining suitable accommodation and promoting education and training.

This activity is an element of the Facing the Challenge 0-25 transformation programme (16-25 Accommodation Programme).

Equality Implications

An EQIA assessment has been undertaken and a low weighting has been determined. The EQIA supports the intention to diversify provision according to individual needs of service users

Cabinet Committee recommendations and other consultation:

This matter will be considered by the Children's Social Care and Health Cabinet Committee on 10 November 2016, and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

Consideration has been given to doing nothing. Contracts expire on the 28 February 2017, if new interim contracts are not in place a large number of UASC and Former UASC currently accessing the services may lose their accommodation and become homeless. KCC will be required to provide the majority of existing service users with alternative accommodation which is likely to be unaffordable through the Home Office grant.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

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date

From: Peter Oakford, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee - 10 November 2016

Decision No: 16/00116

Subject: **WORKING TOGETHER TO IMPROVE OUTCOMES - KENT CHILDREN AND YOUNG PEOPLE'S FRAMEWORK 2016 -2019**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: The multi-agency 0-25 Health and Wellbeing Board has led the development of a Children and Young People's Framework 'Working Together to Improve Outcomes' to replace Every Day Matters as Kent's partnership strategy for children.

The document has now had the approval of the 0-25 Health and Wellbeing Board and Officers are seeking endorsement by the Children's Social Care and Health Cabinet Committee to adopt the framework as policy.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to:

- a) **NOTE** the content of the framework; and
- b) **CONSIDER** and **ENDORSE** or **MAKE A RECOMMENDATION** to the Cabinet Member for Specialist Children's Services on the proposed decision to adopt "Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016-2019", as Kent's partnership strategy for children and young people.

1. Introduction

1.1 The multi-agency 0-25 Health and Wellbeing Board (HWBB) is the key partnership group in place for ensuring partners work together to deliver collaborative working at county level. During the past year Local Children's Partnership Groups have been established to support multi-agency working in each district.

1.2 Officers have been working with the 0-25 HWBB and the Local Children's Partnership Groups to develop a new framework: "Working Together to Improve

Outcomes” in order to set a clear direction of travel for the work of these partnerships.

2. The Framework

2.1 The current framework for children and young people’s services is Every Day Matters, developed in late 2012 from Kent’s Children’s Services Peer Review. This document provides an overarching framework for seamless integrated delivery of Kent County Council’s Children’s Services. This framework was then adopted and rolled out in April 2013.

2.2 In 2015 the 0-25 HWBB agreed to refresh this framework to ensure a clear focus on local indicators and outcomes. The aim is that the new Children and Young People’s framework ‘Working Together to Improve Outcomes’ will enable local partners to work more closely together, focusing on the key challenges in their communities and developing local action plans to enable the children and young people in their communities to flourish.

2.3 The new Children and Young People’s framework focuses on four outcomes, and seventeen indicators. These have been agreed through work with the 0-25 HWBB, Local Children’s Partnership Groups and following engagement with children and families. The four outcomes are that children and young people in Kent:

- Grow up in safe families and communities
- Have good physical, mental and emotional health
- Learn and have opportunities to achieve throughout their lives
- Make safe and positive decisions

2.4 Delivery of the framework will be taken forward through work at district level, and with engagement between local and county wide partnership groups. A dashboard has been developed to show performance in each district. This will be used to track progress, identify priorities and develop action plans.

2.5 A copy of the new framework ‘Working together to Improve Outcomes’ is attached to this paper as Appendix 2.

3. Legal Implications

3.1 Kent County Council has a duty to ensure that partner organisations in Kent co-operate to improve outcomes for children. This duty is enshrined in the Children’s Act 2004, and places responsibility upon the Council to put in place arrangements to support collaboration.

4. Equality Implications

4.1 There are no equality implications associated with this report as there is no change to any policy or eligibility criteria.

5. Financial Implications

5.1 There are no financial implications associated with this report.

6. Conclusions

- 6.1 Following approval by the 0-25 HWBB, Officers are seeking endorsement of the Children's Social Care and Health Cabinet Committee to adopt the new framework 'Working Together to Improve Outcomes' as policy.
- 6.2 The framework is intended to support improved outcomes for children and families in Kent, and to provide an effective means to support multi-agency partnership, prioritisation and participation.

7. Recommendations

- 7.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to:
- a) **NOTE** the content of the framework; and
 - b) **CONSIDER** and **ENDORSE** or **MAKE A RECOMMENDATION** to the Cabinet Member for Specialist Children's Services on the proposed decision to adopt "Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016-2019", as Kent's partnership strategy for children and young people.

8. Background Documents

None

9. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE* TAKEN BY:

Peter Oakford, Cabinet Member for Specialist Children's Services

DECISION NO:

16/00116

For publication
Key decision:

Affects more than 2 Electoral Divisions

Subject: Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016-2019

Decision: As Cabinet Member for Specialist Children's Services I propose to:

APPROVE the adoption of Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016-2019, as Kent's partnership strategy for children and young people.

Reason(s) for decision: The Children and Young People's Framework supports Kent County Council in the collaboration and the delivery of partnership working within the districts to enable a local response to issues impacting the lives of the children and young people of Kent. The framework will enable local partners to work more closely together, focusing on the key challenges in their communities and developing local action plans to enable the children and young people in their communities to flourish.

Legal Implications:

Under the Children's Act 2004, Kent County Council has a duty to ensure that partner organisations in Kent co-operate to improve outcomes for children and places responsibility upon the council to put in place arrangements to support collaboration

Financial Implications:

None

Equality Implications:

There are no equality implications associated with this decision as there is no change to any policy or eligibility criteria.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Children's Social Care and Health Cabinet Committee on 10 November and the outcome included in the decision paperwork the Cabinet Member will be asked to sign.

Any alternatives considered:

None

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

.....
date

Kent Children and Young People's Framework:

Working Together to Improve Outcomes

2016 – 2019

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Foreword

As Chair of the 0-25 Health and Wellbeing Board (0-25 HWB) it is a pleasure to introduce our new Children and Young People's Framework: "Working Together to Improve Outcomes". This strategy sets out the outcomes that we aspire to for all children and young people growing up in Kent, and the way that we will work in partnership to achieve them.

We recognise that the best outcomes for children, young people and families can only be achieved through effective partnership working. The partners that make up the membership of the 0-25 HWB must co-operate - planning, problem solving and acting together – placing the needs of families at the core of our work. We have a history of effective partnership working in Kent; our intention is that this framework will help us make an even greater impact in the future.

Alongside the development of the framework, local partnership arrangements have been redesigned, with partners in each district coming together to form twelve Local Children's Partnership Groups (LCPGs). Using this framework for our collective efforts to improve the lives of local children, LCPGs will be an active driving force for continuous improvement. The Children and Young People's Framework itself is not written as a standard strategy document. Rather than set out a series of actions to be applied across the county, the strategy focuses on the outcomes that we wish to achieve and the indicators we will use to measure our progress. The actions that deliver this progress will be established by our multi-agency LCPGs; working in coordination with both the 0-25 HWB and the Kent Safeguarding Children's Board. We expect this framework, and these groups, to become the key reference point for all those working to support children and families in the county.

I hope that this document can be used by all. It is written in a style that is designed to be clear and accessible – without the need for prior professional knowledge or experience. We have engaged with children and young people in the development of the framework and you will see their comments throughout. The challenge now is to ensure that there is wider engagement at a local level as LCPGs take account of the voices of children and families in shaping their activity.

The Children and Young People's Framework is one part of the county's response to meeting the needs of children and young people locally. It is the partnership's strategy, setting out the areas in which we can have a collective impact by working together. It touches on almost all areas that are a priority for us and demonstrates where there are links between different issues; such as Child Sexual Exploitation and absence from school. Additionally, there is a great deal of work in the county with a dedicated focus on issues that represent significant priorities in the county. You will see that within each section there is reference to wider work which is taking place across Kent, and wider strategies that focus in more detail on specific issues.

I look forward to working with partners across the county as we strive to deliver the outcomes at the heart of this framework.

Andrew Ireland,
Corporate Director: Social Care, Health and Wellbeing, Kent County Council;
Chair, 0-25 Health and Wellbeing Board.

Part One

Understanding the Children and Young People's Framework

- The Children and Young People's Framework (CYPF) sets out the **shared ambition** of public and voluntary sector partners to improve the lives of children and young people growing up in Kent.
- The CYPF provides **clarity** for all partners about the most important overarching **outcomes** for children and young people.
- This document both acts as a **catalyst**, and provides a **framework** to be used by partnership groups in designing activity and planning actions which will drive improvement in those outcomes.
- It also provides a coherent and meaningful set of **indicators** to measure progress towards those outcomes.

PART ONE of this document aims to describe how the framework has been developed and explain how it will be delivered at district and county level.

PART TWO describes the overarching outcomes and details the corresponding indicators that partners will be working together to improve.

Working Together to Improve Outcomes

What is meant by “outcomes”?

- In coming together to produce the Children and Young People’s Framework (CYPF), partners wanted to ensure that they maintained a **shared, unrelenting focus on improving outcomes** for children and young people in Kent.
- To support this focus, a methodology called Outcomes Based Accountability (OBA) is being used for the CYPF. OBA offers a process which begins with the development of a set of **mutually agreed outcomes**.
- Outcomes are not about how well services perform, or about results achieved by specific individuals, they are what we aspire to for all children and young people.

OUTCOME

A condition of wellbeing we want for all children and young people in Kent

Children and Young People’s Framework Outcomes

- A set of four outcomes has been developed collaboratively by partners across Kent. They reflect a **shared ambition** for all children and young people in the county.

Children and Young People...

GROW UP IN SAFE
FAMILIES &
COMMUNITIES

HAVE GOOD
PHYSICAL, MENTAL
& EMOTIONAL
HEALTH

LEARN & HAVE
OPPORTUNITIES
TO ACHIEVE
THROUGHOUT
THEIR LIVES

MAKE SAFE &
POSITIVE
DECISIONS

- These four outcomes represent the priorities of partners across Kent working with children and families. This document provides a framework that will drive improvement across these outcomes.
- Part Two of this document sets out each of the four outcomes in more detail, and describes what they mean to children and young people in Kent.

How will improvement in outcomes be measured?

- In order to measure progress towards the achievement of these outcomes, a small number of **indicators** have been selected for each outcome. Indicators use **statistical data** to monitor specific aspects of the outcome.

INDICATOR

A measure which tells us something about the achievement of an outcome

- The indicators in the CYPF have been carefully selected because they use good quality, reliable data and because they meaningfully represent areas within each outcome which have been prioritised by partners across Kent.
- Part Two of this document sets out in detail the indicators which have been selected to represent each of the four CYPF outcomes.

Selecting CYPF Outcomes and Indicators

Who produced the CYPF?

- The CYPF has been developed by the 0-25 Health and Wellbeing Board (HWB) and Kent's twelve district-level Local Children's Partnership Groups (LCPGs).
- These groups of partners have been working together over a six month period; sharing their specialist knowledge and experience to develop to the four CYPF Outcomes for children, young people and families in Kent, and the most suitable indicators to measure them:

The 0-25 Health and Wellbeing Board

- The 0-25 HWB co-ordinated the development of the CYPF.
- The 0-25 HWB is Kent's **principal partnership group** bringing agencies together at county-level to improve outcomes for children and young people.
- **Senior managers and decision makers**, including elected members, form the membership of the 0-25 HWB. The 0-25 HWB reports to the Kent HWB whose remit includes adults and children.

Local Children's Partnership Groups

- LCPGs ensure a **consistent approach** to partnership working at district level across Kent. They provide a **connection** between countywide strategic bodies and those working with children and young people at a local level.
- A **wide range** of services are represented within LCPGs. These include District/Borough Councils, Children's Social Care, Early Help, schools, Public Health, CCGs and the Police.
- LCPGs meet six times a year and report to the 0-25 HWB.

What information went into the CYPF?

- Information from **three main sources** has been gathered, analysed and reviewed by the 0-25 HWB and LCPGs over the last six months.

Local Knowledge

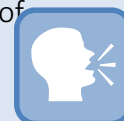
Views of Children, Young People & Families

Statistical Data

- This information has fed into an **iterative process** leading to the selection of the outcomes and indicators which make up the CYPF.
- **Local knowledge** has been contributed throughout the process by LCPG members, who have an in-depth understanding of issues and concerns of communities in their respective districts.
- Because LCPGs have a varied membership, the local expertise of **professionals from many fields**, including: health, social care, education, community safety, housing, early help and the voluntary sector; have informed this framework.

Views of Children, Young People and Families

- Views from **each district** have been gathered through informal engagement.
- **Over 200 responses** were collected from children aged 2 – 20 years, and their parents, expressing their views on a wide range of aspects of growing up in Kent.
- This information has been used to **inform the development** of this framework and will also be used by LCPGs to **inform its delivery**. LCPGs are committed to the **continued engagement** of children, young people and families in their work.
- The views that have been gathered are included throughout this document.



The Context of the CYPF

How does the CYPF fit in?

- The CYPF seeks to offer a guide to all partners collaborating to improve outcomes for children; highlighting in one place the **outcomes agreed as priorities** by the 0-25 HWB and LCPGs.
- The outcomes and indicators brought together here reflect what is important to all of the partners who have been involved in developing the CYPF, so naturally this is by no means the only place these priority issues are discussed.
- The 0-25 HWB and its constituent members work to a number of strategies and plans which seek to improve outcomes for children and young people. Some strategies may be focused on a particular aspect of wellbeing, or be specific to a particular population; some belong to just one partner whilst some belong to a partnership group. Some examples of these include:

Kent Health & Wellbeing Strategy sets outcomes for adults + children, including 'Every child has the best start in life'.

Kent Emotional Wellbeing Strategy: The Way Ahead sets a vision for a whole-system of support + a partnership approach

KCC Strategic Outcome Framework sets KCC's vision + outcomes, including 'children + young people in Kent get the best start in life'

Kent's Looked-after Children & Care Leavers Strategy focuses on effective corporate parenting to improve outcomes for those in or leaving care.

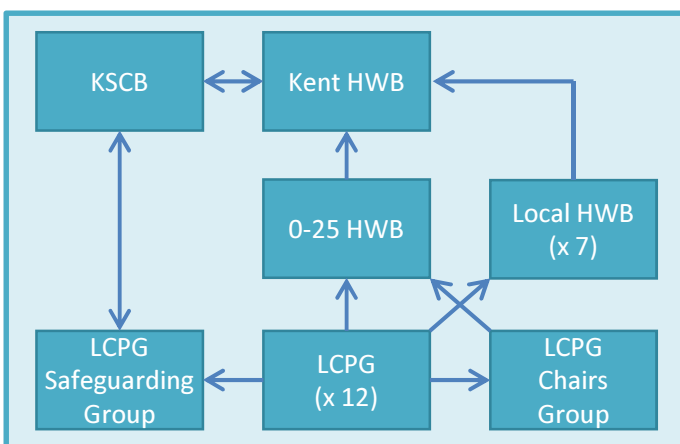
CCG Improvement and Assessment Framework sets clinical priorities for CCGs including health inequalities and child obesity.

KSCB Business Plan looks at areas of particular interest such as CSE, missing children and emotional wellbeing.

- The 0-25 HWB plays an important role in **understanding and co-ordinating the interaction of these different strategies and plans**, ensuring collaboration which maximises improvement in outcomes.
- The CYPF supports the 0-25 HWB in that role by establishing a clear and consistent way to **measure improvements in outcomes** across the partnership, using the agreed set of indicators and the dashboards which sit alongside this framework.

How do LCPGs fit in?

- At district level, LCPGs have the **primary role** in delivering the CYPF. The structure and processes around LCPGs have been specifically designed to enable them to effectively deliver improvements to the four CYPF Outcomes.
- The LCPGs report to the 0-25 HWB. Communication between the 0-25 HWB and the twelve district group is managed through the **LCPG Chairs Group**, which all twelve chairs attend.



- LCPGs also report to their **Local HWB**, ensuring alignment with the work of the CCG in their area.
- The link with the KSCB is very important, regular updates are shared through the LCPG Safeguarding Group at which all twelve LCPGs are represented.
- The way LCPGs work, including their governance, is established and agreed by all partners within the Kent LCPG Blueprint,.

Delivering the CYPF

How will the CYPF be delivered?

- LCPGs will track progress across all of the CYPF indicators, they will co-ordinate and support activity locally which will drive improvement. They also play an important role in identifying challenges and barriers to progress which may require strategic input at county level.
- LCPGs will link in with existing groups and be actively aware of strategies and plans which are already making a difference to these outcomes. They will provide a local forum for the discussion and delivery of county-wide plans.
- The 0-25 HWB will maintain oversight of progress across the twelve districts, enabling partners at county-level to identify patterns and recurrent themes and to work together with LCPGs to address any common challenges.

How will indicators be tracked?

- The indicators identified in the CYPF have been collected into a set of CYPF Dashboards (12 District Dashboards and a County Dashboard) which will be used by the 0-25 HWB and LCPGs to plan and monitor progress.
- The Kent Dashboard will give the 0-25 HWB oversight and an increased understanding of the progress being made towards the CYPF Outcomes across the county.
- For each indicator, the District Dashboard will show:

District figure	Kent figure	Comparison to Kent	Rank amongst districts	Movement since last Dashboard
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- The data for each indicator in the will be updated every two months and the dashboards will be reviewed each time an LCPG meets so it easy to track progress towards achieving outcomes.
- This information will help each LCPG understand how well their district area is doing in each one of the indicators, and hence in the CYPF outcomes.

The work of Local Children's Partnership Groups

- LCPGs will use dashboards to understand the indicators in need of greatest attention in their district.
- LCPGs will utilise the OBA methodology to work together as partners and plan activity to deliver improvement in those indicators and therefore the CYPF Outcomes.
- OBA encourages partners to share their knowledge and understanding on the local context and background of each indicator, giving a strong, collective understanding of the specific issues which influence the indicator in their district.
- LCPGs will also be supported to further interrogate the data provided on the CYPF Dashboard in order to understand all they can about what lies beneath the indicator.
- Through the knowledge of its partner members and strong links with the 0-25 HWB, LCPGs will be actively aware of existing and planned strategies and partnership activity relating to CYPF Outcomes.
- This understanding of an indicator's local narrative will be used by the LCPG to help them problem-solve and identify opportunities to drive improvement in the indicator, resulting in agreed activities to be taken forward by the LCPG and its constituent members.
- The regular updates to the CYPF Dashboard will enable LCPGs to understand and track the impact of their activities on the CYPF indicators and hence make any necessary adjustments.

Population Groups and Overarching Issues

Population Groups

- The CYPF is for all children and young people living in Kent; the outcomes it contains encapsulate partners' priorities and aspirations for every child and young person in every district.
- This needs to be balanced with the fact that each individual child has unique needs and circumstances, and that some population groups may face particular challenges that others may not.
- Some important examples of population groups whose particular needs and vulnerabilities require special consideration and a tailored approach to improving outcomes are:

Disabled Children

Children in Care

Care Leavers

Young Carers

Gypsy & Traveller Families

Unaccompanied Asylum Seeking Children

- In delivering the CYPF, the 0-25 HWB and LCPGs will need to take account of the variety of needs faced by different population groups.

How will population groups be considered?

- The CYPF Dashboards include data on each indicator for all children and young people in the district (or county), it gives the overall figures including everyone in a particular age group (or school year).
- For many of the indicators included in the CYPF Dashboards, it is possible to further break down the data by different population groups, separating out figures for specific groups, including some of those above.
- As part of their work on a particular indicator, understanding in more detail how well different population groups are doing will enable LCPGs to target their activities and adapt their plans to support different groups. This will lead to an overall improvement in the indicator.
- As well as using information about different population groups to deepen understanding about particular indicators; information about indicators in the CYPF can be used to strengthen understanding of outcomes for different population groups or of key themes.

Overarching Issues

- There are a number of important issues that were identified across partners and across districts which are not directly measured by the indicators within the CYPF. This is because reliable data which provides a meaningful measure does not exist for every issue of importance.
- Examples of issues that fall into this category are Child Sexual Exploitation (CSE), gangs, radicalisation and bullying (which was highlighted repeatedly as a concern by children and young people themselves).
- Although these issues are not measured directly, they span a number of indicators in the CYPF which measure their risks or consequences and therefore do provide a useful understanding and the ability to track progress in relation to these issues.
- For example, going missing from home, or persistent school absence are strongly linked to CSE, so by understanding those indicators, a picture can be built up of the current situation around CSE.

Understanding the Difference Made by the CYPF

Regular Reviews

- The CYPF District Dashboards will be reviewed by their respective LCPGs at each two-monthly meeting. Similarly, the 0-25 HWB will review the Kent Dashboard each time it meets.
- Therefore, LCPGs and the 0-25 HWB should be continually up-to-date with current progress in relation to the CYPF Indicators.
- Every six months, the 0-25 HWB will oversee the production of a CYPF Progress Report for partners and stakeholders.
- The Progress Report will identify **progress made in each outcome** and include a summary of movement in each of the CYPF Indicators. LCPGs will have opportunity to contribute updates from their respective districts to add context to the statistical information included.
- At the **end of each year**, when all indicators (including those which are only reported annually) have been updated, the set of indicators will be reviewed by LCPGs and the 0-25 HWB.
- This will be an opportunity to examine if all of the indicators remain the most meaningful and relevant, and **refresh the list** with new indicators, or remove any which no longer add value. Any changes made would result in a new set of dashboards being produced.
- At the end of three years, the CYPF as a whole will be reviewed, giving an opportunity to evaluate progress in each of the four outcomes as well as to review the success of the CYPF as a framework for delivering improvement.

Thematic Reviews

- In addition to the regular reviews of the full set of indicators in the CYPF, the 0-25 HWB will oversee **thematic reviews** in relation to specific population groups, or specific overarching issues.
- These thematic reviews will involve analysis of data at both district and county level alongside contributions from LCPGs.
- For example, a thematic review around Children in Care examine progress in each of the indicators specifically for Children in Care (where possible) and alongside this, LCPGs would be asked to identify any specialised work for this population group or any particular challenges identified.
- The 0-25 HWB will be responsible for **identifying the themes and timing** of these special reviews based on their strategic understanding of issues facing children and young people in Kent, and where appropriate, in response to feedback from LCPGs about common issues or concerns.

Views of Children, Young People and Families

- LCPGs and the 0-25 HWB are committed to ensuring that the voices of children, young people and families are heard throughout the delivery and review of the CYPF.
- At district-level, LCPGs and their constituent members will take a lead on engaging and consulting with local children and young people, as they did with the production of this CYPF.
- It is recognised that the engagement and participation of children and young people is essential to the success of improving outcomes.

Part Two

CYPF Outcomes and Indicators

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Children and Young People Grow Up in Safe Families and Communities

- This outcome relates to children and young people being safe at home with their families, it also considers issues around safeguarding within the wider community.
- Key areas of concern relating to being safe at home which have been identified are domestic abuse, family breakdown, housing issues, parental mental health, parental substance misuse and parenting confidence.
- In the wider community, the keys issues identified in the development of the CYPF were child sexual exploitation, gangs and radicalisation. Road safety was also identified as a key issue in some districts.
- FIVE INDICATORS which demonstrate different aspects of this outcome have been identified :

CHILDREN ON A CHILD PROTECTION PLAN

CHILDREN IN CARE

MISSING CHILDREN

EARLY HELP NOTIFICATIONS

DOMESTIC ABUSE NOTIFICATIONS

Views of Children, Young People and Families



- Children and young people were asked to identify what might stop them feeling safe, and the most common response was **bullying**.
- **Gangs and groups of people hanging around** were also common themes. Female adolescents in particular identified concerns around personal safety out in the community.

Being alone when I'm out, especially when it's dark. 16 year old, Canterbury

Intimidating men usually out in the evenings, who won't leave you alone, or make you nervous or threatened. 17 year old, Swale
- Young people commonly expressed that they would feel more safe if there were more street lights and if there was greater and more visible police presence in the community.
- Parents' concerns included safe use of social media and road safety, in particular speed limits. They identified love as the most important protective factor to keep a child safe.

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

- Kent Safeguarding Children Board (KSCB) oversees and supports all agencies working with children and young people to ensure that required safeguarding services are in place.
- The KSCB includes a Multi-Agency Sexual Exploitation Group, and a group that focuses on gangs, radicalisation and missing children.
- Operation Willow, led by Kent Police and the KSCB, raises awareness of child sexual exploitation in the county. It ensures the public, and specific groups such as taxi drivers, hoteliers and shop keepers know how to identify and report concerns.
- A KSCB task-force is providing training to agencies across Kent to enable them to explain online safeguarding risks to parents, carers and young people.
- A partnership Delivery Board is in place to prevent radicalisation in the county. A monthly panel is in place to identify and support people vulnerable to being drawn into terrorism

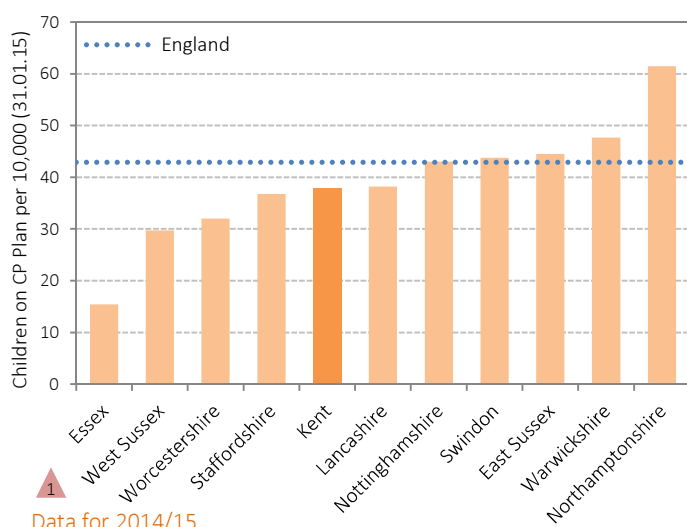
Indicator 1: CHILDREN ON A CHILD PROTECTION PLAN

What is a Child Protection Plan?

- A Child Protection (CP) Plan is put in place when there are serious concerns that a child is at risk of **significant harm** as a result of neglect or abuse.
- The **multi-agency** plan sets out what support the family will receive from different services (such as social care, school, health visitors) as well expectations of parents.
- Children on a CP Plan are regularly visited by their social worker and progress is monitored by a group of professionals from different services.
- A child will remain on a CP Plan until the level of risk has reduced, or if the situation does not improve, further intervention may be required.
- There are **four categories** of CP Plan which identify the reason the child is at risk. The table (right) shows the initial category of all plans in Kent that were in place on 31 March 2015, compared to the overall proportions in England.

% of plans	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
England	44.7	8.8	4.7	33.5	8.3
Kent	60.1	7.6	3.8	17.5	11.0

▲ 1



- Data on Child Protection Plans is collected and published nationally by the Government (DfE).
- This graph shows the rate of children who were the subject of a CP Plan on 31 March 2015 per 10,000 children.
- It benchmarks Kent against its *statistical neighbours* and England. The rate in Kent is lower than the England average.
- Nationally, there has been an **increase** in the rate of CP Plans each year for the last six years.

Improving Outcomes with this Indicator

- KCC Specialist Children's Services (SCS) regularly collect and publish data for each district about children on a CP Plan. This data will be shared with LCPGs every two months.
- The aim is to work together to **reduce the need** for CP Plans to be put in place by reducing risk and **intervening as early as possible** so that concerns **do not escalate** to a point where a CP Plan is necessary.
- It is important to understand that there will remain situations where CP Plans are needed in order to keep children safe, the aim is to **safely minimise** the number of these situations, not simply to cut the number of CP Plans.
- LCPGs will be supported to understand the figures for their area and what they mean so that partners can work together to address the **root causes** of situations which put children at risk.

Indicator 2: CHILDREN IN CARE

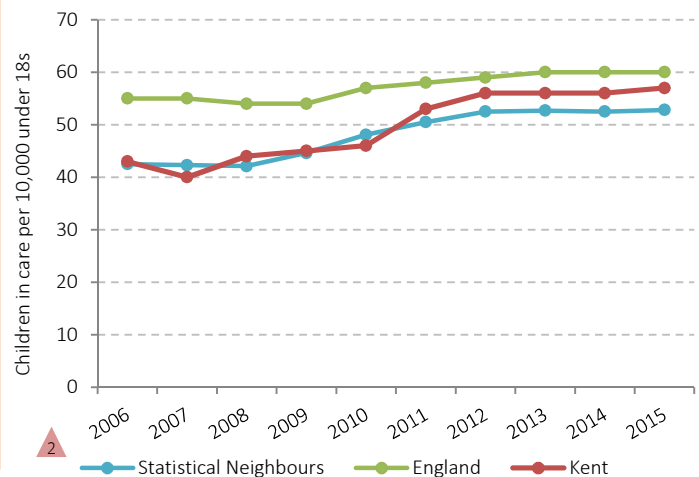
What does this Indicator tell us?

- A child or young person in care is one who is **looked after by the local authority** because it is no longer possible for them live at home safely.
- A child may be placed into care **voluntarily by parents** who are struggling to cope; or as a result of a **legal order** made by the court.
- Children in care may live with **foster carers** or in a **residential placement**, depending on their particular needs or circumstances.
- A child leaves care if they become adopted; if they are able to safely return home because of a change in the situation, or when they turn 18.
- KCC have responsibility for all children in care in Kent and maintain accurate data which is used for this indicator.

Unaccompanied Asylum Seeking Children

- Because of its geographical position, a larger number of people who enter the UK seeking asylum arrive in Kent than other areas.
- By law, unaccompanied children, and young people (under 18) seeking asylum **become Children in Care** at the place of their arrival.
- As a result, there is a **large number** of unaccompanied asylum seeking children in care in Kent. This is a significant challenge for KCC which is being actively addressed.
- Because of the unique circumstances of UASC, and because the issues leading to their becoming looked after cannot be addressed by local partners, **this indicator excludes figures for UASC.**

- Data on Children in Care is collected and published nationally by the Government (DfE).
- This graph shows the rate of Children in Care (on 31 March each year) for Kent, its *statistical neighbours*, and England.
- The rate of Children in Care gradually has increased nationally over the last 5 years.
- The rate in Kent is **lower than the England** figure, but is **higher than its statistical neighbours.**



Improving Outcomes with this Indicator

- As with Children on a CP Plan, it is important to understand that whilst partners seek at all times to enable children and young people to **safely remain at home with their families**, the **welfare of the child is paramount** and there will remain situations where taking a child into care is necessary.
- The aim is for partners to work together with families to enable them to provide a **safe and supportive home environment** where children and young people are able to remain.
- Remaining informed about the picture across the country, and statistical neighbours, will enable LCPGs to **contextualise local rates.**
- LCPGs will also be able to explore the **factors locally which lead to a child entering care** and work together to reduce their occurrence and hence the escalation of need.

Indicator 3: MISSING CHILDREN

What does this Indicator measure?

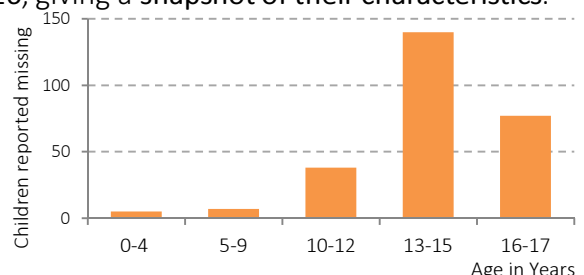
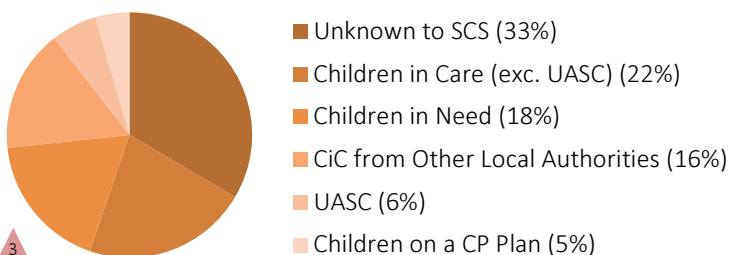
- The Government defines a **missing child** as a child reported as missing to the police by their family or carers.
- When a child is reported missing, the police inform the local authority, who share responsibility for safeguarding the child.
- Part of this responsibility is **collecting and analysing** data about children going missing, which is shared with partners and the KSCB.
- The data collected includes a range of information about children going missing, including the age and location of each child that is reported missing.
- This indicator counts the **number of missing episodes** (i.e. occasions when a child is reported missing) during a month, and will be reported at district-level to LCPGs.

Why is this Indicator important?

- As well as the **immediate risks to safety** of going missing, it can also be an indication of other serious concerns.
- Running away could be an indication of **problems at home** that are putting the child's safety at risk, for example, abuse or neglect, or challenging relationships amongst family members.
- There is evidence of a link between going missing and **Child Sexual Exploitation (CSE)**.
- Going missing has been identified as both a 'push' and 'pull' factor in relation to CSE. That is, children and young people who go missing are at **increased risk of being sexually exploited**; and those who are being sexually exploited are **more likely to run away**.
- There are also demonstrable links between going missing and **involvement in gangs**, which similarly can be a result or a cause of a child going missing.
- A further connection with **using and selling drugs** has been identified, with evidence of young people temporarily moving into different areas in order to sell drugs.
- Making an improvement on this indicator, therefore will also tell us that we are making an improvement in relation to these other areas of risk identified.

1 2

The charts show all missing children in Kent in January 2016, giving a snapshot of their characteristics.



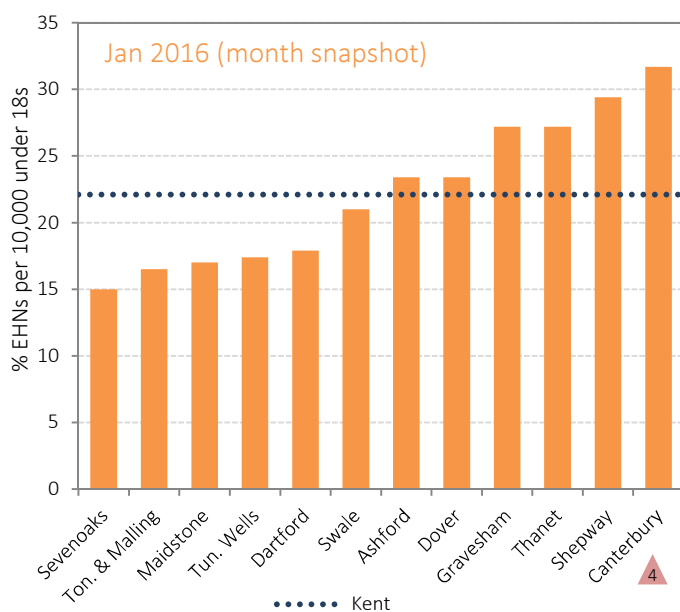
Improving Outcomes with this Indicator

- To keep and children and young people safe from the many risks associated with going missing, the aim is to **reduce this indicator as much as possible**.
- Most children who are reported missing are **already known to Specialist Children's Services**, including many children who are in care. But around a third (in Jan 16) are not known to SCS.
- LCPGs will use **local intelligence** to explore the specific issues in their local districts, including any specific areas in the community where missing children may go, to plan a **partnership approach** to reducing this indicator.

Indicator 4: EARLY HELP NOTIFICATIONS

What are Early Help Notifications?

- When a practitioner or a member of the public has concerns about the welfare of a child, they should be reported to KCC so that an appropriate response can be made to safeguard and support the child.
- In Kent, the Central Referral Unit consists of the **Central Duty Team**, which deals with referrals meeting the threshold for a response from social care, and **Early Help Triage**.
- Early Help Triage receives notifications in relation to children needing additional support, which may relate to their **health, educational, or social development**, and are likely to be short term needs. This also includes children and families requiring intensive support.
- The most common source of Early Help Notifications (EHNs) is schools and academies. Health providers, including CAMHS, are also a common source.
- The most common reasons for an EHN are significant **behavioural difficulties**; significant school non-attendance; and a member of the household having emotional wellbeing or mental health needs.
- EHNS, which indicate a need for intensive support (but do not meet the threshold for referral to SCS), are passed to the relevant **Early Help and Preventative Services District Team** who assess a family's needs in more detail and provide and co-ordinate support required.



What does this Indicator measure?

- This indicator shows the number of EHNS received by Early Help Triage each month (excluding those which meet the threshold for SCS and Domestic Abuse Notifications – see *next page*) expressed as a rate per 10,000 under 18 year olds.
- The graph shows this EHN rate for each district (based on the child's home address) for January 2016. LCPGs will be provided with an update of this data every two months.
- There is considerable **variation between districts**, with the rate in Canterbury more than twice the rate in Sevenoaks in January.

Improving Outcomes with this Indicator

- EHNS exist so that concerns about families can be identified at an **early stage** and support can be given to **prevent the escalation of need**. Whilst an ideal outcome would be that there are no families in need of such support, and hence no need for EHNS, in reality EHNS will continue to be necessary and helpful so the aim is to **safely minimise** rather than **indiscriminately reduce** rates.
- Including this indicator will help partners at district-level better understand the reasons behind EHNS, enabling them to explore differences in **how need is identified and reported**, as well as in **need itself**. This will also help partners of the 0-25 HWB better understand the variation seen across the county.

Indicator 5: DOMESTIC ABUSE NOTIFICATIONS

Why is this Indicator important?

- In addition to the direct physical risk to children present during incidents of domestic violence, the impact of witnessing domestic abuse is well-documented. In 2002, the law was updated to include **witnessing domestic abuse within the legal definition of 'harm' to child**.
- Being present during domestic abuse can impact children of **all ages**, including **unborn children**.
- **Younger children** may become **anxious** and start to behave as much **younger than they are**, they may find it difficult to sleep, wet the bed or have frequent temper tantrums.
- The reaction of older children tends to be different for boys and girls. **Boys** are more likely to display their distress **outwardly**, for example by becoming **aggressive or violent**. They are more likely to use **drugs or alcohol** and more likely to miss school.
- In general, girls are more likely to deal with their distress **inwardly** and may become withdrawn, **anxious or depressed**. They are more likely to develop **eating disorders** and more likely to **self-harm**.
- The impact of witnessing domestic abuse can also extend into adulthood and effect **relationships in later life**, with girls more likely to choose an abusive partner.
- These **wide-ranging** and **long-lasting** impacts demonstrate the importance of keeping children and young people safe from the harm of witnessing domestic abuse.

3 4

What does this Indicator measure?

- This indicator measures Domestic Abuse Notifications (DANs).
- Every time Kent Police are called to an incident of domestic abuse or violence and a **child is present**, they notify Specialist Children's Services at KCC of the incident.
- The information is used by SCS to ensure that children and young people are safe, their response will vary based on the particular circumstances of each incident.
- This indicator gives the **total number of DANs received so far during the year 2015/16**. Figures are expressed as a rate per 10,000 under 18 year olds to allow comparison between districts.

Improving Outcomes with this Indicator

- As well the other indicators selected for this Outcome, **DANs exist as a way to keep children and young people safe**. Reporting of domestic abuse incidents to the Police and communication between the Police and social care are important to reducing the risk of harm to children.
- It is important to be clear that it is a reduction in **domestic abuse incidents themselves that is sought**.
- It is also possible that an understanding of the rate of DANs in some districts may lead LCPGs to discussions about **hidden incidents of domestic abuse** within their communities which go unreported.
- Reducing domestic abuse incidents calls for a response from **all partners** who work with children and parents to **educate, support and empower** parents who experience domestic abuse.
- There is an increase in young people who experience abuse in relationships, with **1 in 5 teenagers reporting physical violence**. This highlights the need for education from an early age in relation to **healthy relationships, gender equality and empowerment**.

Children and Young People Have Good Physical, Mental & Emotional Health

- This outcome relates to the physical, mental and emotional health of children and young people of all ages, including relating to maternal health.
- Key areas of concern relating to good health which have been identified are **smoking in pregnancy, breastfeeding, oral health, healthy weight, physical activity and childhood immunisations.**
- The most prominent issue consistently identified across all districts was that of **emotional and mental health** amongst children and young people, and associated concerns, such as **self-harm.**
- **FOUR INDICATORS** which demonstrate different aspects of this outcome have been identified :

EXCESS WEIGHT

BREASTFEEDING

SELF-HARM RELATED HOSPITAL ADMISSIONS

EARLY HELP NOTIFICATIONS ABOUT MENTAL HEALTH

Views of Children, Young People and Families

- Children and young people were asked to identify the most important things needed for good health, over half said **healthy diet** , the next most common answer was **exercise.**
- Some young people also identified concerns about the impact of a negative body image.



Stop obsessing over weight and appearance. Female, 15, Shepway
No negative body shaming. 15 year old, Maidstone.

More widely available mental health services, especially specialists for under 18s.
16 year old, Tunbridge Wells

- Young people were also concerned about emotional and mental health, in particular an **impact on mental health, or depression,** was identified by young people as a possible consequence of life decisions going wrong.
- Parents' views largely aligned with those of children and young people. A recurrent response in relation to changes they would like to see was about **more readily available GP appointments.**

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

- A new school-based service will support young people with **emotional health needs.** The service will also support the **recovery of young people in school who have more severe mental health needs** and are accessing specialist mental health services.
- KSCB are working with the Lullaby Trust to raise parents awareness of 'Safer Sleeping', highlighting the dangers of parents **co-sleeping** with their babies.
- **HeadStart** is a big lottery funded programme to **improve emotional wellbeing and increase resilience** in 10-16 year olds. This programme is trialling new approaches to see what works for Kent's young people.

Children and Young People Have Good Physical, Mental & Emotional Health

Indicator 6: EXCESS WEIGHT

Why is excess weight important?

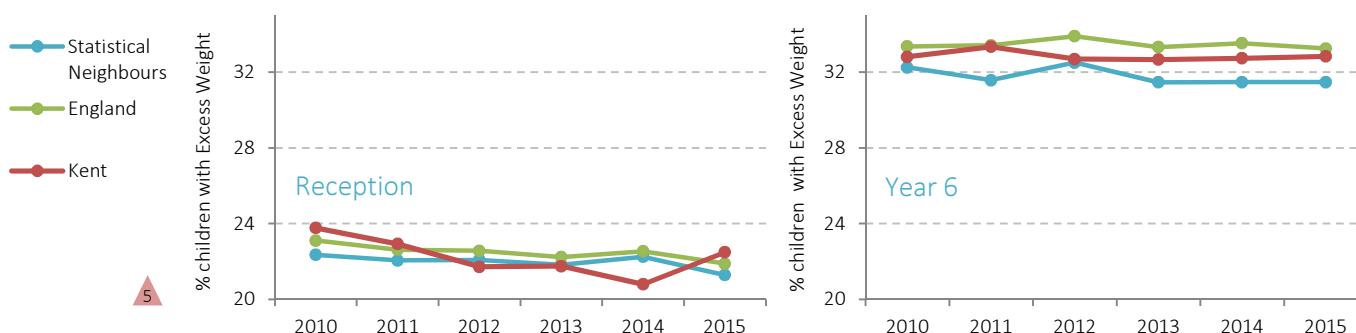
- Childhood obesity is considered to be one of the most serious public health challenges. The proportion of children who are overweight or obese has increased rapidly over the last 20 years.
- Children and young people who are obese are more likely to be ill, and more likely to be absent from school as a result.
- Childhood obesity has been linked to a range of health problems in children and young people, such as diabetes, asthma, mental health disorders and high blood pressure. It is also linked to health problems in adult life.

How is excess weight measured?

- The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. The NCMP has been in place since 2005.
- Children's heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. Children with 'excess weight' include children whose BMI is categorised as 'overweight' or 'obese'.
- KCC is responsible for collecting data from all children in state-funded schools (with the exception of those whose parents opt out). The measurement process is overseen by trained healthcare professionals in schools.
- This data is used at a national level to support public health initiatives and locally to inform the planning and delivery of services for children.

5

- The two graphs below show the percentage of children in Kent with excess weight in Reception and Year 6 over the last six years. Kent is compared to the national figure as well as its *statistical neighbours*.
- In 2015, the percentage of children with excess weight in Reception rose and is now higher than the England and statistical neighbour average. The percentage in Year 6 remains below the national average.



Improving Outcomes with this Indicator

- A forthcoming healthy weight strategy for Kent will set out actions to prevent children developing excess weight and a pathway to work with those who require support to achieve a healthy weight.
- Partners in LCPGs, including schools, are well placed to develop local responses to this strategy and influence this indicator through initiatives relating to healthy diet and physical activity.

Indicator 7: BREASTFEEDING

Why is breastfeeding important?

- The World Health Organization (WHO) and UNICEF recommend starting breastfeeding within the first hour after birth and exclusive breastfeeding for the **first six months**. Continued breastfeeding is recommended for two years or more (alongside complementary feeding starting from six months).
- Breastfeeding has a range of **health benefits for both mother and baby**. Babies who are breastfed are at **lower risk** of developing certain health problems in later life, such as diabetes, obesity and high blood pressure. Breastfeeding also lowers the risk of sudden infant death syndrome.
- There is evidence that breastfeeding has a positive impact on the **relationship between mother and baby**.

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How is breastfeeding measured?

- NHS England collect and publish national data about breastfeeding at **two stages**:

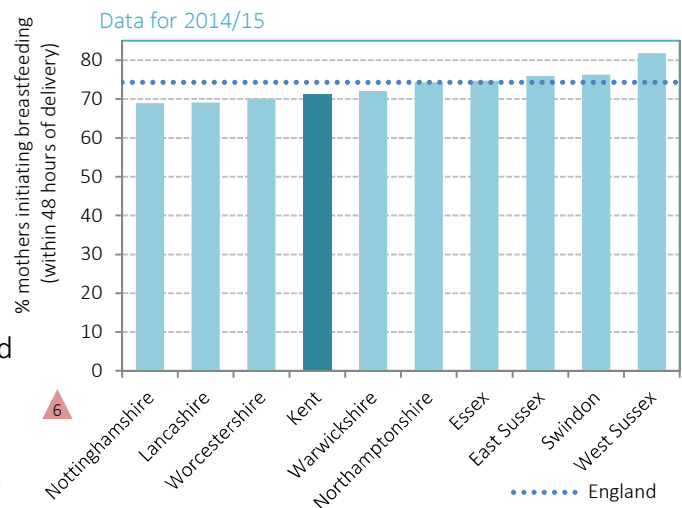
Breastfeeding Initiation

This is recorded within the **first 48 hours** after the birth of a baby. Data is recorded by **hospitals** for each baby delivered.

Breastfeeding Prevalence at 6-8 weeks

At each baby's **6-8 week check**, health visitors record whether the baby is **totally or partially breastfed** (or not at all) breastfed.

- The graph shows **breastfeeding initiation** rates for Kent compared to its *statistical neighbours*, and England for 2014/15.
- Kent's breastfeeding initiation rate falls **below the England rate**, and sits in the bottom half of its neighbours.
- 6-8 week prevalence data is **not currently published** for Kent. This is because NHS England require **95% data coverage** for this indicator.
- That means data must be recorded and submitted for 95% of babies who are due their 6-8 weeks check.
- Previously, NHS England have required 85% data coverage, and Kent is working towards this level. With continued improvement, it is expected that **local 6-8 week prevalence data** (at 85% coverage) will be available **within the next year**.



Improving Outcomes with this Indicator

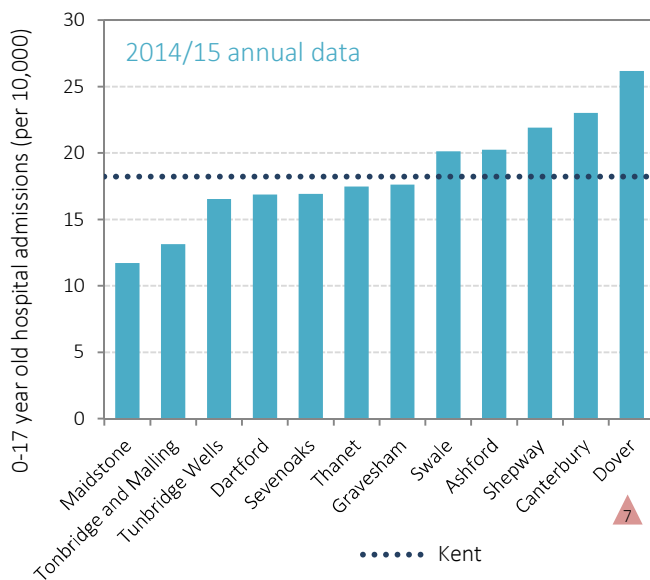
- Initially, only the **breastfeeding initiation** indicator will be available to use and will be shared with LCPGs at district level. Partners will continue to build on existing initiatives to **promote breastfeeding and support new mothers**.
- Additionally, continued efforts will be made to **increase data coverage**, ensuring there is support given and importance placed on recording this information for babies at 6-8 week.

Indicator 8: HOSPITAL ADMISSIONS FOR SELF-HARM

What do we know about self-harm?

- Self-harm is a term used when someone **injures or harms themselves on purpose** rather than by accident. Common examples include overdosing (self-poisoning), cutting, burning or pulling hair.
- Self-harm also includes **reckless or risk-taking behaviours** such as unsafe sex, drug use or binge eating. These behaviours are more difficult to identify as 'self-harm' as they may or may not be as a result of an intention to cause harm, or a disregard for personal safety.
- Research has shown that the experiences most closely linked to self-harm in young people are **mental health problems, family breakdown, being in care, and experiencing abuse**.
- There is an **important difference** between self-harm and risk of committing suicide. Although a proportion of young people who self-harm are at an increased risk, for many young people, self-harm is a way to cope with, or express, emotional distress and is not linked to a desire to end their own life.
- Overall, it is very difficult to identify how many young people self-harming, this is because very few young people disclose what is going on. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16.
- In 2014, figures were published suggesting a **70% increase** in 10-14 year olds attending A&E for self-harm related reasons over the previous two years. This increase highlights the need for partners to work together to prevent self-harm and support young people who are experiencing it.

7 8



What does this Indicator measure?

- When someone is admitted to hospital, the main reason for their admission is recorded, as are any other health issues identified (these are referred to as **primary and secondary diagnoses**).
- This indicator shows all under 18 years olds who were admitted to hospital where **deliberate self-harm** was recorded as either a primary or a secondary diagnosis.
- The indicator for the CYPF will be updated monthly and will show a **projected annual rate of admissions per 10,000 under 18 year olds**.

Improving Outcomes with this Indicator

- The aim is to **reduce this indicator as far as possible**, with the ideal being that there are no young people who require admission to hospital as a result of self-harm.
- Partners will need to work together to **understand and address the underlying risk factors** of self-harm, **educate and raise awareness** around the issue and provide support to young people already **experiencing self-harm** to minimise its effects and develop safer mechanisms for coping with emotional distress and difficulty.

Indicator 9: EARLY HELP NOTIFICATIONS ABOUT MENTAL HEALTH

What does this Indicator measure?

- Indicator 4 uses overall Early Help Notifications (EHNs) to help measure the safety of a child growing up in Kent.
- This indicator measures a specific subset of EHNs, that is, those where the **primary reason for making contact with Early Help Triage is mental and emotional health of the child/young person.**
- As with Indicator 4, this indicator will be reported as a **rate per 10,000 under 18s** and reported at district level every two months.
- National comparison for this dataset is not possible as it relates to Kent-specific systems and processes.

Why was this Indicator chosen?

- Emotional and mental health of children and young people, is **consistently identified** as a priority across all partners and all districts, as well as by young people themselves.
- Unlike many of the issues in the CYPF where there exists reliable and regular indicators collected and reported nationally, there is not currently an equivalent indicator relating to the mental health of young people.
- This measure gives an indication of the level of mental health concern identified amongst children and young people including where intervention from specialist health services or hospitals is required.

Mental and Emotional Health in Kent

- The Good Childhood Report (2013) found that around **20% of children now experience below average levels of wellbeing**, and 10% have a diagnosable mental health condition.
- The Kent Joint Strategic Needs Assessment (2015) estimates that **nearly 21,000 children and young people aged 5 to 16 years in Kent have a mental health disorder.** Emotional disorders are more common in girls whilst conduct disorders, hyperkinetic disorders and Autistic Spectrum Conditions are more common boys.
- Kent's emotional wellbeing strategy for children and young people, 'The Way Ahead', was published in May 2015. It sets out a whole-system approach for improving **early help**; creating better access to additional support; strengthening the **whole-family approach** and improved support with **transition and recovery.**
- The Way Ahead also identifies key areas of need, including the high predicted number of children with **Autistic Spectrum Conditions (ASC)**, young people who have a **'dual diagnosis'** and need support with substance misuse and emotional wellbeing difficulties, and children and young people affected by **family poverty** – which may be the subject of EHNs about mental health.
- LCPGs have a key role to play at a local level in supporting the delivery of the aims set out in The Way Ahead. For example; to **develop self-esteem and resilience** among children and young people, particularly those who are most at risk of poor outcomes due to circumstances in their lives; to **support schools and early years settings** in improving the emotional resilience of children and young people; and to **support parents** who are experiencing mental health issues.
- This indicator will offer partners at district-level further insight into the current levels of **identification of need** relating to mental health and emotional wellbeing amongst children and young people.

Children and Young People Learn & Have Opportunities to Achieve Throughout Their Lives

- This outcome relates to **learning and achievement** for children of all ages, including development of pre-school children, achievement and progress of school-aged children and aspirations of school-leavers.
- Key areas of concern relating to learning and achievement which have been identified are **literacy, speech and language, school readiness and the achievement gap**.
- A recurrent theme raised by every LCPG was **skills and aspirations amongst young people**.
- **FIVE INDICATORS** have been identified which demonstrate different aspects of this outcome:

EARLY YEARS FOUNDATION STAGE

READING, WRITING & MATHS AT KS2

GCSE RESULTS

YP NOT IN EDUCATION, TRAINING OR EMPLOYMENT

PERSISTENT SCHOOL ABSENCE

Views of Children, Young People and Families



- Children and young people were asked what they would like to learn or achieve before reaching adulthood, the most common answers (each given by 25% of young people) were getting **good grades** (in particular GCSEs) and learning **finance skills** (in particular **paying taxes**).
- A fifth of young people said they want to **learn to drive**, other common answers were getting into **college or university** and getting a **job**.

How to pay taxes, how to get a job, how to pay rent. 17 year old, Maidstone.

Good exam results, meaningful friendships, help others around me. 16 year old, Thanet.

- Nearly two thirds of children and young people said that **secondary school** was the stage when young people need **more support** than they currently receive. Parents identified **teenage years** as the time young people need the most support.

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

- Additional places have been commissioned within Kent Schools to support Primary and Secondary aged pupils with **speech, language and communication needs**.
- Special Schools are being funded to provide **bespoke training and advice** to mainstream schools on more specialist aspects of Special Educational Needs (SEN), including **autism and speech and language needs**.
- The 'Sound Progress' programme has been developed for teaching *phonemic skills* which are linked to **reading**, in particular to children in primary schools.
- The **Skills and Employability Service** support all young people aged 14 to 24, including disadvantaged young people, who are at risk of becoming NEET (Not in Education, Employment or Training).

Indicator 10: EARLY YEARS FOUNDATION STAGE

What is the Early Years Foundation Stage?

- The Early Years Foundation Stage (EYFS) is the standard for the learning and development of all children from birth to age five years.
- It provides professionals with a set of common standards to deliver quality education to ensure children’s ‘school readiness’, giving children **knowledge and skills** for good future progress.
- The EYFS sets out **what and how children must learn** through “Prime” and “Specific” areas of learning and through “Characteristics of Effective learning”.

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Prime Learning Areas:

- Communication and Language;
- Physical Development;
- Personal, Social and Emotional Development.

Specific Learning Areas:

- Literacy;
- Mathematics;
- Understanding the World;
- Expressive Arts and Design.

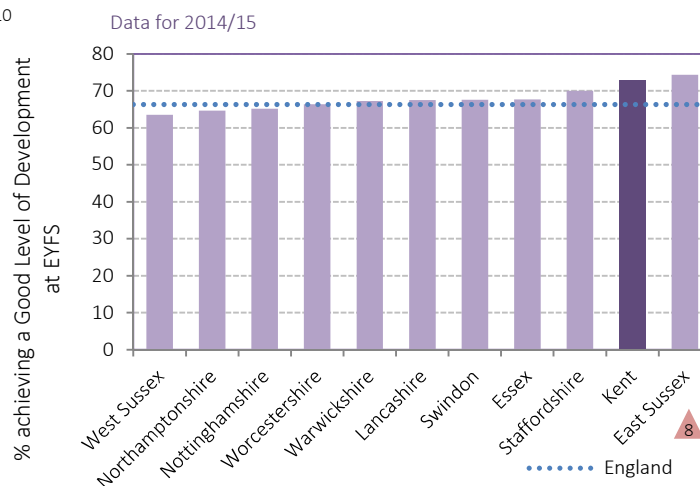
Characteristics of Learning

- **Playing and exploring**
- **Active learning**
- **Creating and thinking critically**

What is measured at EYFS?

- Until this year (2016), there has been a **statutory EYFS Profile** for each child at the end of reception year.
- A child’s EYFS Profile provides data on the **Good Level of Development** – the level each child would be expected to reach.
- Data on EYFS Profiles has been collected from every local authority, allowing for **national benchmarking**.

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Definition: Children achieving a Good Level of Development are those achieving at least the expected level within the early learning goals in Prime Learning areas and in the Specific Areas of mathematics and literacy

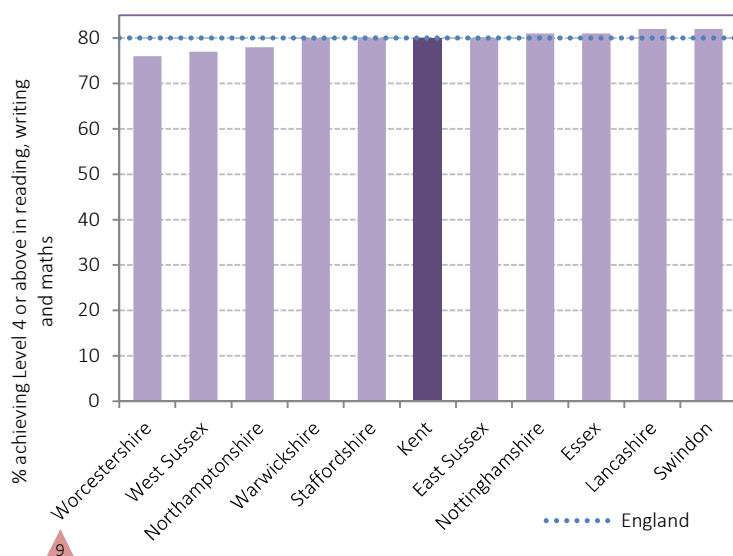
What is changing at EYFS?

- This year, the Government are introducing **significant changes** in the way they measure and track attainment and progress throughout primary school, from EYFS to Key Stage 2.
- EYFS Profiles will no longer be compulsory and instead early years providers will be expected to complete a **Reception Baseline Assessment** for each child which will be the starting point for measuring progress through primary school.
- Because this is a brand new system, and because unlike the EYFS Profile, completing the Reception Baseline Assessment will **not be mandatory**, it is not yet clear what the impact will be on the data that is available nationally for this indicator.
- Learning and development at EYFS remain of **vital importance**, as these changes become clearer, LCPGs and the 0-25 HWB will be provided with the **best available data to track progress**.

Indicator 11: READING, WRITING & MATHS AT KEY STAGE 2

What does this Indicator measure ?

- At the age of eleven, during the last year of Primary School (end of Key Stage 2), the attainment of school pupils in reading, writing, grammar, punctuation, spelling and mathematics is tested.
- Up until 2015, Standard Assessment Tests (SATs) measured attainment using numbered Levels 3 – 5, with Level 4 being the expected level of achievement. An additional Level 6 exam was offered to children expected to exceed the requirements of the standard paper.
- Children sitting Key Stage 2 tests this year were the first to be taught and assessed under a new national curriculum.
- The new system will no longer use the numbered levels, instead a scaling system is used which sets a 'national standard' as a score of 100. Every child's raw score is converted into a scaled score, spanning 100, with scores above exceeding the national standard.
- A new indicator has been introduced which is the percentage of pupils reaching the expected standard in reading, writing and mathematics. Because SATs only take place once a year, this indicator is updated annually.
- The new indicator is not directly comparable with the old indicator, and therefore it is not meaningful to track progress compared to previous years when the indicator looked at the percentage of pupils achieving Level 4 or above.



- The graph shows Kent compared to England and its *statistical neighbours* in 2015 for the previous indicator (percentage of pupils achieving Level 4 or more).
- Like three of its neighbours, Kent was in line with the England average with 80% of children achieving Level 4 or above.
- Last year, in Kent, 62% of children eligible for free school meals achieved Level 4 compared to 66% nationally.

Improving Outcomes with this Indicator

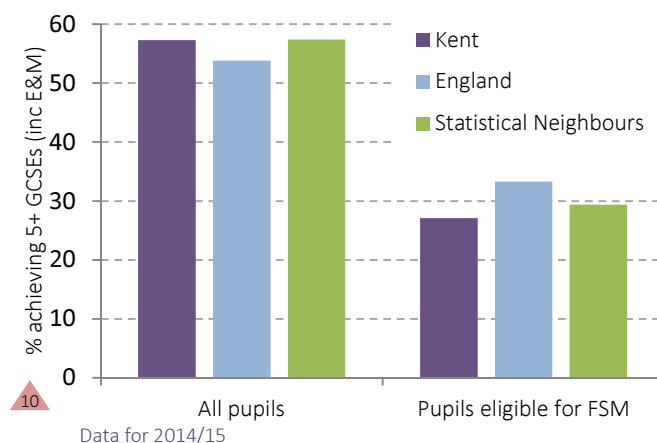
- Attainment in Primary School is influenced by a wide range of factors outside of school including parents' aspirations for their children, home learning environment, and emotional wellbeing.
- Whilst schools themselves are a natural contributor to improving this indicator, the wide ranging factors at play demonstrate the need for a partnership approach to working with families.
- Schools' involvement with LCPGs to work jointly to understand and influence the local picture will be essential for improving this indicator.

Indicator 12: GCSE RESULTS

What does the GCSE indicator show?

- Pupils undertake GCSE exams at the end of Key Stage 4 (during the school year they turn 16) in a range of subject areas.
- A new system has been developed for measuring results at GCSE level which will be in place from 2016 onwards and will apply to local authority-maintained schools, free schools and academies.
- There are two main measures, **Attainment 8 (A8)** which is an average point score based on attainment across eight subjects and **Progress 8 (P8)** 'value added' or progress made across the same eight subjects. Because GCSEs are completed once a year, these indicators will be **updated annually**.
- Results for **English and maths** receive a double-weighting when calculating A8 and P8 scores.
- As well as English and maths, three other subjects from the **English Baccalaureate** (the sciences, geography, history and languages) must be included in the eight subjects used for these scores.
- Prior to 2016, the most commonly used indicator used to look at GCSEs was the **percentage of pupils who achieve five or more GCSEs grade A*-C including English and Maths**.
- It is not possible to make a meaningful comparison between the previous indicator and the new A8 and P8 measures, so analysis of a trend back over time is not possible.
- In addition to A8 and P8, the percentage of pupils achieving a Grade C or above in English and maths, and The English Baccalaureate (EBacc).

- As in indication of previous performance this graph shows the outgoing measure, percentage of pupils achieving 5 A*-C (including English and maths).
- Overall, Kent performed **better than England** and in line with its statistical neighbours last year.
- Amongst pupils eligible for FSM, Kent's figures were **lower** than the national and statistical neighbour average with 27.1% achieving the level for this indicator.



Improving Outcomes with this Indicator

- As with attainment at KS2, there are many factors that impact young people's attainment at GCSE level. Bullying, health needs, risk-taking behaviours such as drug and alcohol use and frequent arguments with parents have been shown to have a negative impact. Believing in their own ability and having high aspiration increase the likelihood of achievement.
- These inter-linked issues call for a **partnership approach** in order to raise this indicator in Kent. Understanding the particular challenges for **vulnerable groups** in local areas will also enable LCPGs and the 0-25 HWB to drive improvement.

Indicator 13: YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

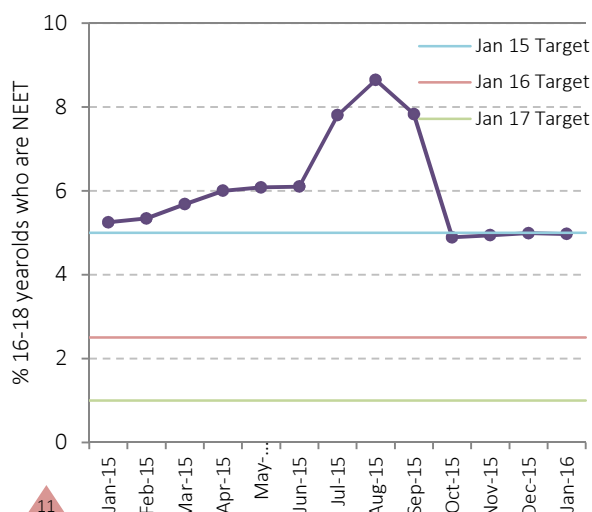
Why is this Indicator important?

- Engagement in learning and educational attainment amongst young people has a demonstrable impact on outcomes throughout adult life.
- Evidence shows that not being in education, employment or training (NEET) between the ages of 16 and 18 is a major predictor of later unemployment, lower job security and lower rates of pay. National research suggests that 1 in 6 young people who are NEET will never secure long-term employment.
- The wider impact of being NEET is also significant, with an increased likelihood of poor mental and physical health, teenage conception, risk-taking behaviours and insecure housing or homelessness.
- Like many indicators, the causes and effects of being NEET are wide-ranging and link to all of the outcomes identified in the CYPF.

Kent NEET Strategy

- The approach to increasing the number of young people engaged in education, employment or training is set out in KCC's Education and Young People's Services (EYPS) NEET Strategy 2015-16.
- The strategy includes specific targets for reducing this indicator, with the ambitious aim to reduce the percentage of young people who are NEET to 1% by January 2017.
- There are three strands of work identified in the NEET strategy: integrated and high quality data systems; collaborative working across all KCC services and, high quality personalised pathways with positive destinations across all districts.
- Including NEET figures as an indicator within the CYPF and ensuring it is a focus of LCPGs will support collaborative working across partners at district levels. LCPGs are well-placed to engage with local schools and providers of post-16 education.

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*Targets shown are those identified in the Kent NEET Strategy

How is this Indicator measured?

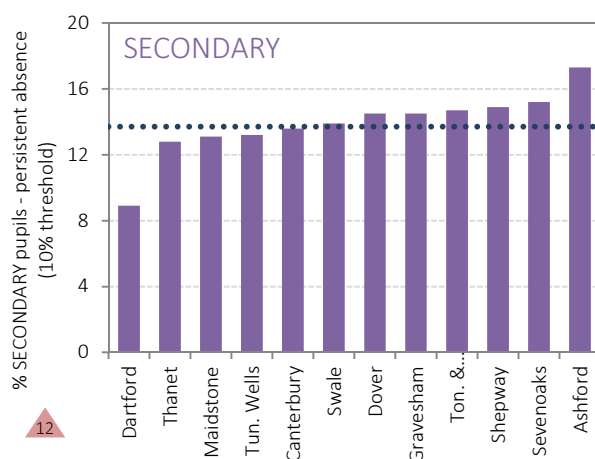
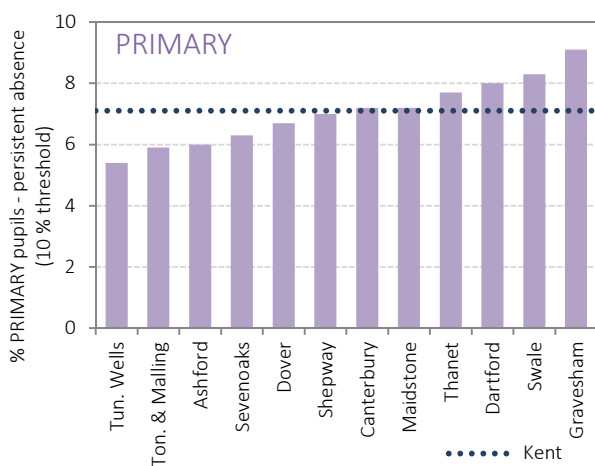
- Data on the percentage of young people who are NEET is published by KCC's EYPS every month.
- The overall percentage is the indicator used in the CYPF. Data is also published about 'not knowns' i.e. young people whose destination after leaving school is not recorded.
- Data is also reported by vulnerable group, including children in care and care leavers, young people who are pregnant or are parents and UASC.
- The richness of this data will support LCPGs and the 0-25 HWB to understand local variation and develop local partnership responses.

Indicator 14: PERSISTENT SCHOOL ABSENCE

Why is this Indicator important?

- Like many indicators, school absence is important because of both its effects and its causes. Persistent absence from school has an effect on a child or young person’s learning and development, and will impact on all of the other indicators within this outcome.
- The impact of missing school is wide-ranging; as well as academic attainment, school plays a key part in a child’s social development, communication, access to healthy food and physical activity.
- Understanding school absence is also important because of its causes. For young children reliant on their parents to take them to school, ongoing absence may indicate difficulties at home and a need for additional family support. Factors could, for example, include financial concerns, parental mental health issues, domestic abuse and, parental drug or alcohol use.
- The same issues may also be behind persistent absence at Secondary School. It may also be a result of other issues in a young person’s life such as, lack of aspiration, poor emotional wellbeing, bullying, drug or alcohol misuse, involvement with gangs or child sexual exploitation.
- It is also the case that even if school absence was not initially caused by any of those issues, being out of school increases a young person’s vulnerability to many of the concerns throughout the CYPF.
- The complexity and variety of causes and effects behind this indicator call for a partnership response to drive improvement.

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How is this Indicator measured?

- School attendance data from all Kent maintained schools and academies is collected by KCC and is used to calculate a range of indicators, which are published nationally by DfE.
- In previous years, the threshold for ‘persistent absence’ has been 15%. This academic year, the definition is changing and the threshold is now 10%.
- Any pupil missing 10% or more of school sessions will be counted as ‘persistently absent’. The indicator is reported separately for Primary and Secondary school, both will be included in the CYPF.
- Under the old definition (15% threshold) the percentage of ‘persistently absent’ pupils increased in Kent between 2013/14 and 2014/15.
- The graphs here shows persistent absence across districts (using the new 10% threshold) in 2014/15.
- The variation in districts demonstrates the benefits of a localised approach led by LCPGs.

Children and Young People Make Safe & Positive Decisions

- Issues surrounding **risk-taking behaviour** and its consequences for children and young people's **safety, relationships and health**.
- Key areas of concern relating to making **safe and positive decisions** which have been identified are **drug and alcohol misuse, sexual health, healthy relationships, anti-social behaviour and offending**.
- **THREE INDICATORS** have been identified which demonstrate different aspects of this outcome:

DRUG & ALCOHOL RELATED HOSPITAL ADMISSIONS

FIRST TIME ENTRY TO THE YOUTH JUSTICE SYSTEM

TEENAGE CONCEPTION

Views of Children, Young People and Families



- Children and young people were asked to think of things children or young people might need help making decisions about. The most common answers related to school, with over a quarter saying either **GCSE options** or **which secondary school** to go to.
- Sex was also a common theme, 1 in 8 answers referred to **sexual relationships** or **starting a family**. The issue of **consent** was also identified, in particular by teenage girls.

Having a baby. 12 year old, Thanet.

Sexual health, unawareness and the REAL facts. 15 year old, Swale.

Not doing drugs or causing trouble on the streets. 18 year old, Gravesham.

- Young people also identified that they might need help making decisions about **smoking, alcohol and drug use**. Parents also identified **drugs** as an important issue, it was the most common answer amongst parents who are asked about which issues to include in the CYPF.

Existing activity relating to this Outcome

Some examples of existing projects and activities delivering improvements in this outcome are:

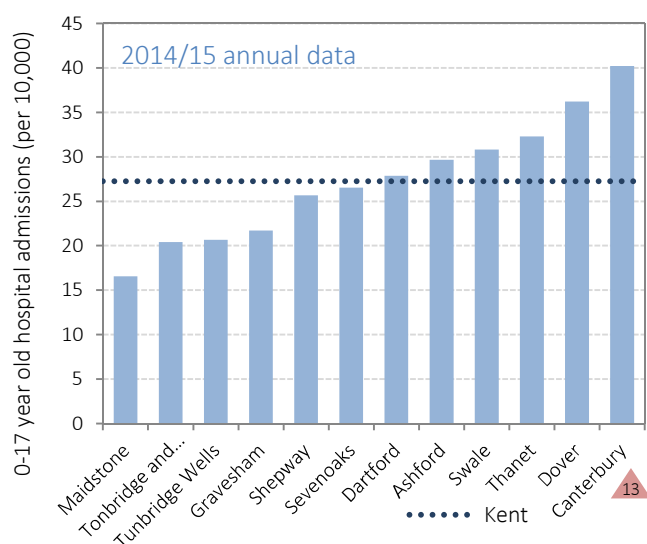
- **Community alcohol partnerships** are led within local communities to tackle **anti-social behaviour** in local areas which is related to alcohol or drug use.
- The number of **community pharmacies** providing young people with emergency hormonal contraception, chlamydia screening, and free condoms has increased to **facilitate easier access** to these services.
- There are **dedicated sexual health services** for young people across the County. Young people can also access an all age service.
- **RisKit** is a **specialist programme** targeting young people in schools who have been identified as vulnerable, or who are involved in **risk-taking behaviour**, such as drug and alcohol use, or unprotected sex. This is delivered by Addaction, the children and young people's service provider for substance misuse.
- **KSCB** deliver **multi-agency training** to professionals working with children and young people who **self-harm**. This training provides staff with knowledge and understanding to support young people who self-harm.

Indicator 15: DRUG & ALCOHOL RELATED HOSPITAL ADMISSIONS

What do we know about drug and alcohol misuse?

- Results from national research in 2014 conclude that 38% of pupils between 11 and 15 years old nationally reported that they had drunk alcohol, boys and girls were equally likely to have done so. 15% of pupils said they had ever taken drugs and 10% had taken drugs in the last year.
- As with many of the indicators in the CYPF, drug and alcohol use is of concern because of both its effect on children and young people and because it may point towards other underlying issues.
- Drug and alcohol use can create significant challenges for young people by damaging their mental and physical health, educational attainment and leading to further risk-taking behaviour (including risks to personal safety which may lead to hospital admission).
- Drug and alcohol use can be a consequence of family breakdown, mental health issues or behavioural problems. It is also related to school absence, going missing and involvement in gangs.
- The nature of young people's drug and alcohol problems is different to that of adults, young people are rarely dependent as there has not been enough time for use to become entrenched, therefore young people affected by drug or alcohol misuse need access to specialist services.
- Informing and educating children and young people at early enough stage, and repeating those messages has been shown to have an impact on drug and alcohol misuse as children grow up. The attitudes and behaviours of parents also have an impact on the likelihood of a young person engaging in substance misuse.

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What does this Indicator measure?

- When someone is admitted to hospital, the main reason for their admission is recorded, as are any other health issues identified (these are referred to as primary and secondary diagnoses).
- This indicator shows all under 18 years olds who were admitted to hospital where drug or alcohol use was recorded as either a primary or a secondary diagnosis.
- The indicator for the CYPF will be updated monthly and will show a projected annual rate of admissions per 10,000 under 18 year olds.

Improving Outcomes with this Indicator

- The aim is to reduce this indicator as far as possible, so that no young people require admission to hospital as a consequence of substance misuse.
- The variation between districts shown in the graph above shows the importance of a local approach to addressing this issue, and provides an opportunity for LCPGs to work together across districts, with the support of the 0-25 HWB, to share best practice and ideas for addressing this issue.
- All partners have a role to play in preventing substance misuse by working together to educate and raise awareness amongst young people and their families.

Indicator 16: FIRST TIME ENTRY TO THE YOUTH JUSTICE SYSTEM

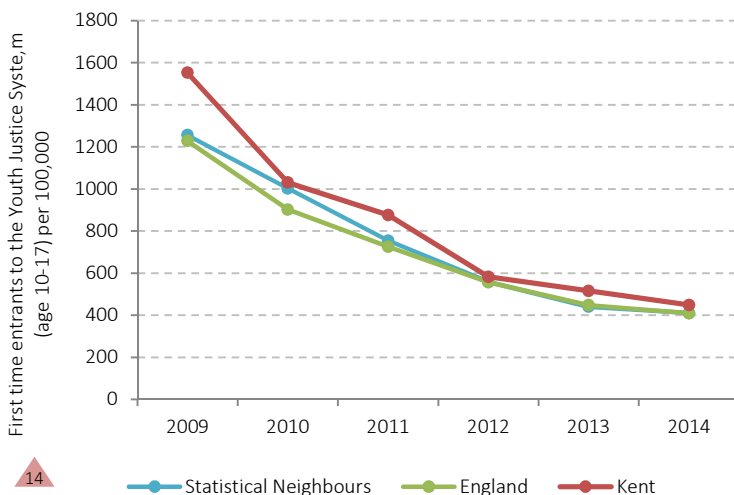
What does this Indicator measure?

- The number of first time entrants to the youth justice system (YJS) is a figure provided by Kent Police giving the number of children and young people aged 10 to 17 years (inclusive) who have received a formal caution or court disposal for the first time each month.
- This data is also collected and reported nationally by the Youth Justice Board and Ministry of Justice.

What do we know about this Indicator?

- Nationally, the number of first time entrants has fallen each year since 2007. This trend is reflected in Kent.
- The number of females entering the YJS for the first time is falling at a faster rate than the number of males, and the average age nationally has increased over time.
- The most common offence nationally in 2014/15 was 'summary non-motoring offences' (less serious crimes which are dealt with in magistrates' court), followed by theft and then drug offences.

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- The graph shows the annual rate of first time entrants to the YJS per 100,000 10-17 year olds.
- The rate has declined each year nationally, amongst statistical neighbours and in Kent.
- The rate in Kent has been above England and statistical neighbours each year and remained above average in 2014.

Improving Outcomes with this Indicator

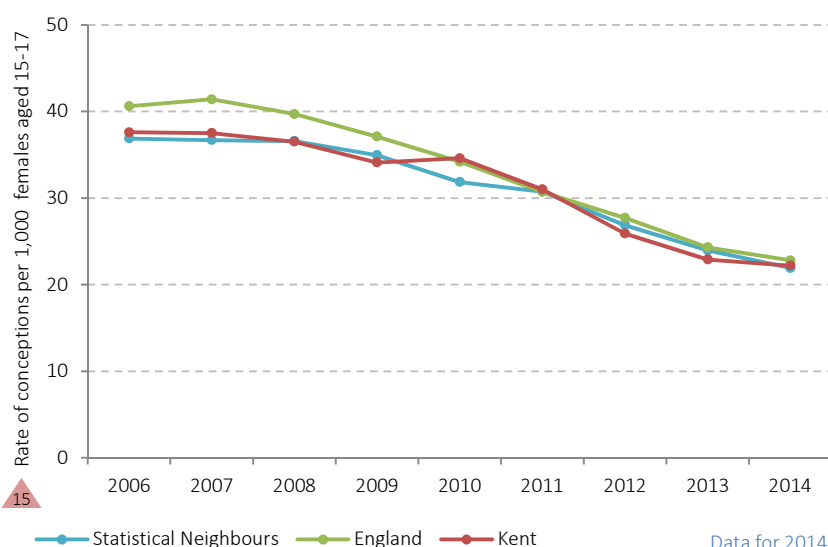
- Youth offending links to a range of other issues for young people, with evidence of links between offending and school exclusion, drug use, gang-involvement and going missing.
- There is a strong association between rates of young offenders and deprivation. Family risk factors include worklessness, substance misuse, criminality, domestic violence, financial stress, teenage parenting and overcrowding. Children in care are also more likely to offend.
- Working across partnerships to reduce the risk factors present in a young person's life will help to reduce the likelihood of entering the YJS.
- The rate of young people aged 10-14 years in the YJS is considerably higher in Kent than the national average, pointing towards a need for education and prevention at a younger age.
- LCPGs are well-placed to work towards the continuing reduction of this indicator in their districts. The membership of Police within LCPGs will support groups to develop further local intelligence and understanding.

Indicator 17: TEENAGE CONCEPTION

Why is Teenage Conception important?

- Reducing teenage conceptions (under-18 conceptions) has been a long-standing national and local priority and remains a key indicator.
- Teenage pregnancy has an impact on a range of outcomes for young people. Teenage parents are more likely than their peers to live in poverty and to be without education, employment or training. There is also an association with emotional health and wellbeing problems.
- The infant mortality rate for babies of teenage mothers is 60% higher than for babies of older mothers. There is also an increased likelihood of low birth weight, childhood accidents and admission to hospital.
- Teenage pregnancy is also associated with other risk-taking behaviours such as youth offending, disengagement from education, and drug and alcohol misuse.
- Children in care and care leavers, children born to teenage parents and children growing up in economically deprived areas are particularly vulnerable to teenage conception.

- The graph to the right shows teenage conception rates amongst 15-17 year olds in Kent compared to England, and statistical neighbours.
- Over the last 9 years, teenage conception rates have reduced locally and nationally.
- The most recent data (2014) shows the rate in Kent is now just lower than the England figure (22.2 per 1,000 15-17 year olds compared to 22.8).



Improving Outcomes with this Indicator

- The National Teenage Pregnancy Strategy (2001) sought to halve the rate of teenage conception nationally by 2011. England now has its lowest teenage conception rate for 30 years.
- In Kent, there is significant disparity in rates between districts and there remains a need to work together to address the factors which lead to teenage conception.
- Last year, Kent County Council published the Kent Teenage Pregnancy Strategy 2015-20 which sets out six ambitions. These include building aspirations amongst young people and increasing emotional health and resilience.
- LCPGs are ideally situated to understand the specific situation in their district and work in partnership at a local level to deliver these ambitions, ensuring young people are empowered to make safe and positive decisions.

Data Sources and References

Table 1: DATA SOURCES

Ref ▲	Page No.	Data Source	Published by	Date
1	4	SFR/2015 Characteristics of Children In Need, 2014 to 2015	Department for Education	22-Oct-15
2	5	Local Authority Interactive Tool	Department for Education	11-Mar-16
3	6	Kent SCS: Missing Children: Monthly Summary Report, Jan 2016	(KCC) SCS Management Information	15-Feb-16
4	7	KCC Education and Young People's Services Performance Management: Early Help and Preventative Services Scorecard	(KCC) EYPS Management Information	Feb-16
5	10	Local Authority Interactive Tool	Department for Education	11-Mar-16
6	11	Children and Young People's Health Benchmarking Tool (online resource)	Public Health England	Accessed 10/03/2016
7	12	Secondary Uses System via HISBi	Compiled by Kent Public Health Observatory	Compiled 14/03/16
8	15	SFR36/2015 Early years foundation stage profile (EYFSP) results: 2015	Department for Education	19-Nov-15
9	16	SFR47/2015 National curriculum assessments at key stage 2: 2015 (Revised)	Department for Education	10-Dec-15
10	17	SFR01/2016 GCSE and equivalent results in England 2014/15 (Revised)	Department for Education	21-Jan-16
11	18	Education and Young People's Services Young People Not in Education, Employment or Training (NEET) Monthly Report	KCC Management Information	16-Feb-16
12	19	Education and Young People's Services Directorate Scorecard; January 2016 Release	KCC Management Information	05-Feb-16
13	21	Secondary Uses System via HISBi	Compiled by Kent Public Health Observatory	Compiled 14/03/16
14	22	Local Authority Interactive Tool	Department for Education	11-Mar-16
15	23	Local Authority Interactive Tool	Department for Education	11-Mar-16

Data Sources and References

Table 2: REFERENCES

Ref	Page No.	Data Source	Published by	Date
1	6	Still Hidden? Going missing as an indicator of child sexual exploitation	Missing People	2012
2	6	Running the Risks: the links between gang involvement and going missing	Catch 22/ Missing People	Jul-15
3	8	Adoption and Children Act 2002 (Section 120)	The Stationery Office	2002
4	8	Mental Health and Growing Up: Domestic violence and abuse - its effects on children (Factsheet)	Royal College of Psychiatrists	Apr-14
5	10	National Child Measurement Programme: England, 2014/15 school year	Health and Social Care Information Centre	Nov-15
6	11, 13	Kent Joint Strategic Needs Assessment (JSNA) Summary for Children and Young People	Kent County Council	Autumn 2015
7	12	Mental Health and Growing Up: Self-harm in young people (Factsheet)	Royal College of Psychiatrists	Mar-12
8	12	selfharmUK website	selfharmUK (YouthScape)	Accessed Feb 2016
9	13	The Way Ahead: Kent's Emotional Wellbeing Strategy for children, young people and adults; Part One: Strategic Framework	Kent Health and Wellbeing Board	May-15
10	15	Statutory framework for the early years foundation stage	DfE	Mar-14
11	17	Your qualification, our regulation: GCSE, AS and A level reforms	Ofqual	Sep-15
12	18	Education and Young People's Services NEET Strategy and Action Plan 2015-16	Kent County Council	Dec-15
13	19	Poorer children's educational attainment: how important are attitudes and behaviour?	Joseph Rowntree Foundation	2010
14	21	Smoking, drinking and drug use among young people in England in 2014	Health and Social Care Information Centre	2015
15	22	Youth Justice Statistics 2014/15 England and Wales	Youth Justice Board / Ministry of Justice	Jan-16
16	23	Kent Teenage Pregnancy Strategy 2015-20	Kent County Council	Oct-15

From: Peter Oakford, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee
- 10 November 2016

Subject: **EARLY HELP AND PREVENTATIVE SERVICES**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: Early Help and Preventative Services (EHPS) underwent a significant restructure in 2015. The 0-25 transformation has been fully implemented and significant improvements have already been seen in relation to case throughput and effectiveness as evidenced by the Early Help Dashboard and Scorecard.

The Pupil Referral Unit (PRU), Inclusion and Attendance Service has been developed to better support schools, children, young people and their families as evidenced by a reduction in the number of fixed term and permanent exclusions across the county.

The Youth Justice service is being reviewed and will move to a more evidence based integrated adolescent risk approach in line with Her Majesty's Inspector of Prisons research into recidivism which indicates that a desistance model has a positive impact on reoffending rates.

The Troubled Families Team is progressing towards turning around the lives of 9200 children, young people and families under Phase 2 of the Programme.

The Open Access services within EHPS have been further developed to ensure that the right level of support is available at the right time to ensure that a more formalised approach to additional support is offered in Open Access settings.

The EHPS Strategy and Three Year Plan remains the vision, way of working and direction of travel for Kent's Early Help and Preventative Services. This was published in conjunction with the EHPS Manual which sets out in greater detail how the service is structured and organised across all elements of EHPS in Kent and provides a working document for staff within EHPS.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** and **COMMENT ON** the progress to date and the proposed future direction

1. **Early Help and Preventative Services (EHPS) overview**

- 1.1 EHPS was restructured as part of the 0-25 transformation programme, with the new structure being implemented between April and October 2015.
- 1.2 EHPS provides support to all children, young people and families through its universal offer in Children's Centres and Youth Hubs. It also provides additional support in Open Access, for families with multiple/complex issues EHPS ensures that intensive support is provided through casework in one of the 44 Early Help Units. The Troubled Families programme is now fully embedded into the work of the Early Help Units.
- 1.3 Out of Court disposals for young people are also managed within Early Help Units, whilst young people subject to Court disposals are managed by the Youth Justice Area teams.
- 1.4 The PRU, Inclusion and Attendance Service (PRIAS) has adopted a new approach of intervening early and providing timely support to schools, children and families to address the issues of behaviour, attendance and exclusion. The Area Attendance and Inclusion Lead Officers work in partnership with schools to prevent exclusion where appropriate and to re-integrate excluded pupils with effective support. The PRIAS works closely with practitioners both in EHPS and external partners to empower schools to manage absenteeism and exclusion more effectively.
- 1.5 The Information and Intelligence Service provides improvement and development across the Service as well as a wide range of management information and business support functions. The Information and Intelligence Service also manages the essential interface with both referrers and Specialist Children's Services (SCS) through the Early Help Triage team.
- 1.6 To support the work of EHPS, the Kent Family Support Framework (KFSF) was launched in September 2014. This is based on a cycle of effective practice and is designed to ensure the highest quality service delivery and improved outcomes for children, young people and families. It incorporates three interacting service delivery areas and processes: Identification – Notification and Decision Making, Assessment and Plan, Delivery and Review.
- 1.7 A key element to providing an effective EHPS is the consistent use across the children's workforce of thresholds, these are imbued within procedures and processes to identify and address the risks and needs of vulnerable children, young people and their families and reduce the demand for SCS.
- 1.8 The LiquidLogic Early Help Module (EHM) was implemented in late 2015 and provides a case management system with associated workflows and case notes functionality. It shares a database with the SCS Liberi system and enables safe evidence-based step-downs and step-ups between the two services.
- 1.9 An outcome tracker was introduced to monitor throughput and effectiveness of Early Help casework and this is now firmly embedded in all areas. The tracker is welcomed by staff and managers as a useful tool to enhance their work and find the clarity of information assists in the allocation, planning and oversight of work to ensure casework is focused and ensures outcomes are achieved for children and families. The outcome tracker populates a comprehensive dashboard of all

Early Help casework across the county and can be populated and scrutinised at a county level through to area, district, unit and practitioner level.

- 1.10 Step-down panels are in place in every district to support safe and efficient transfer of cases from SCS to EHPS. Early Help Unit meetings are now well-established offering reflective review, support and challenge of open cases.
- 1.11 A Workforce Development Plan for Early Help is refreshed and revised annually to ensure a rolling cycle of key training and development for staff at all levels across the service. This ensures staff are well equipped to undertake their roles, including a comprehensive induction programme for Early Help staff.
- 1.12 The EHPS scorecard is fully aligned with the 0-25 transformation work and is produced every month. Performance is reported to EHPS Divisional Management Team, Education and Young People's Services Directorate Management Team, 0-25 Portfolio Board, Kent Integrated Children's Services Board, Children's Services Improvement Panel, and Cabinet Committee.
- 1.13 Monthly performance reporting provides clear evidence of improving outcomes for children, young people and families.
- 1.14 Demand into Early Help has risen over the last year and remains high. The Early Help Triage team receives between 800 and 1000 Early Help Notifications (EHNs) per month. Although caseloads held within SCS between September 2015 and September 2016 range from 1166 and 1442 the percentage number of cases which are closed to SCS with the outcome of a step-down into Early Help are consistently around 21%. There were 42 step-ups from Early Help to Specialist Children's Services in both June and July 2016. This equates to about 5% of the total (741) EHPS case closures.
- 1.15 In June and July there were close to 3000 (2,974) cases open to Early Help Units. In July this equated to 6,592 children and young people aged 0-19. 82.7% of the 2974 cases being worked with are within the 20 week service standard - an increase from June. In July 741 cases were closed by the Early Help Units up from 672 in June, ensuring a continued focus on throughput and the avoidance of drift. In July 81.5% of the 603 cases which were closed to a unit were closed with outcomes achieved. By targeting drift and ensuring close monitoring of all cases, case durations have halved meaning that around 65% more families can be supported per worker.
- 1.16 There were no custodial sentences last month in the Youth Justice system, which is a positive outcome. The number of first time entrants into the Youth Justice System is continuing to reduce ahead of target.
- 1.17 The percentage of young people aged 16-18 that are Not in Education, Employment or Training (NEET) was 5.8% in July (2,763 of a total cohort of 53,048 young people) and has remained at this level over the summer period. In comparison, at this time last year it rose to 7.8% (2,973 of a cohort of 52,863 young people); an indication of the positive impact of the NEET Strategy.
- 1.18 The number of permanent exclusions across the county reduced in the last academic year, especially in the primary phase where numbers have dropped from 49 to 16 following a key focus in this area. Work is also being undertaken to support schools to understand and work to the new threshold for persistent

absence. In September 2015 the definition of persistent absence moved from below 85% attendance to below 90% attendance.

2. Recent Developments

- 2.1 Children's Centres across Kent have a well-established practice of using e-Start to track registration, reach and activities, unfortunately Youth Hubs lacked a similar IT system to collect and report on case level data. In February 2016 e-Start was extended for use in Youth Hubs and staff have now completed training on its use. It is hoped that the same level of scrutiny afforded to Children's Centres, can be applied to Youth Hub activities.
- 2.2 Early Help adhere to a regular quality assurance framework (QAF), auditing a minimum of 200 unit cases per quarter (50 per area). The Unit's casework audit programme which took place between April and June 2016 returned 197 audits. 55% of these evidenced a 'good' or 'excellent' overall practice rating with the remaining cases requiring some improvement. This is an upward trend since the current QAF started in January and evidences the continuous improvement of the service. This improvement is also linked to the implementation of Signs of Safety and development of systemic practice. Figures for the autumn audit phase are being collated and a progress report will be ready in December 2016.
- 2.3 A 'light touch' assessment and planning tool based on Signs of Safety has been developed for use by staff working in Children's Centres and Youth Hubs who deliver one to one support for families at additional level and training on its use has been delivered to staff. Additional work will continue to be discussed in monthly Reflective Case Discussion Groups led by the Practice Development Leaders who will also support quality assurance auditing.
- 2.4 Training on undertaking one to one work at additional level for Early Help workers in Open Access settings (Children's Centres and Youth Hubs) was developed throughout July and August. In addition, bespoke one day training on Signs of Safety training has been developed to support workers to undertake light touch assessments and plans.
- 2.5 Signs of Safety is being used both by EHPS and SCS staff. This is a questioning approach which involves the family in identifying what they feel needs to change and allows them to be at the centre of assessments, plans and reviews. More than 85% of staff in Early Help Units have now been trained with a rolling programme of training continuing, and an additional training programme is being rolled out for staff in Open Access.
- 2.6 An Integrated Youth Justice Panel has been established at Kent Police Headquarters with Early Help representation. This panel considers all youth offending pre-court occurrences and uses a range of information to make a decision about the type of disposal the young person should receive, with the aim being to reduce the number of court disposals going forward and avoid criminalising young people.
- 2.7 Work is ongoing to continually develop and improve partnership communication and engagement. A series of meetings with the Clinical Commissioning Groups (CCGs) ensure that Health partners are engaged and knowledgeable about the direction of travel in EHPS.

- 2.8 Significant work has been taking place with schools as they are the largest referring agency into Early Help. All schools have a named link Early Help Worker. This worker is a key conduit for communication with schools to raise any questions about the Early Help offer or to discuss any safeguarding concerns prior to an Early Help Notifications (EHN) being submitted. The link Early Help Workers maintain regular contact with their schools to ensure a strong working relationship. In addition to the linked worker arrangement, district managers are also visiting schools, especially those submitting the most EHNs, to ensure that the Early Help offer is clearly understood and meets the needs of those schools, and that the schools' role in early help work is managed.
- 2.9 Two leaflets have been developed for use by staff in Early Help. One is for the partners and professionals that we all work with, and the other is aimed at parents. Schools and partners can also access these leaflets from the Early Help toolkit at www.kelsi.org.uk/earlyhelp
- 2.10 In June 2016 the Council, through EHPS, secured a further £10m funding from the BIG Lottery for HeadStart Kent. This is an innovative programme designed to improve the resilience and mental health of young people. The funding will enable the Council to develop and provide an approach which supports young people to develop their own resilience to cope with the everyday pressures they may face throughout their lives, as well as how young people can better help to support each other. The programme aims to support schools to recognise and support emotional health and wellbeing and has been co-designed and developed with the help of young people.
- 2.11 Phase 3 of HeadStart Kent has been informed by phases 1 and 2 which were trialled and developed across Kent over the past two years. Phase 3 started in Swale and Gravesham in September and over the next five years, the programme will increase its reach and offer identified school groupings, across nine districts.
- 2.12 Young people being supported in Early Help Units, Open Access youth settings or Youth Justice teams may be NEET or be at risk of becoming NEET. EHPS plays a key role in the county's wider NEET Strategy. A significant number of young people, not already known to Early Help, are referred into Open Access centres via multi-agency District Participation Meetings, these young people may also require additional support from a Youth Hub where a light touch assessment is undertaken to identify the level of assistance needed to help prepare them for education or training, alongside work with Skills and Employability to engage them in suitable provision and then maintain contact and support to ensure that provision is sustained. Young People who have been NEET for a sustained period of time or who do not sustain EET will be referred to a new commissioned service dedicated to supporting NEET young people who are hard to engage.
- 2.13 The PRU, Inclusion and Attendance Service (PIAS) has designed an improved way for schools to access its services. The concept is that schools will have simpler and easier to use online pathways to request support from School Liaison Officers, Inclusion and Attendance Advisers, Outreach Officers and other teams within PIAS. These will also be used to notify the Local Authority of fixed term exclusions, permanent exclusions and to request penalty notices. A Digital Front Door, enabling a simple, streamlined access to the service, has been piloted across the county and feedback has been very positive. A particular strength for schools is that all referrals and requests for support go directly to

school's link School Liaison Officer or an expert for the particular issue, avoiding any unnecessary delay.

- 2.14 Following the success of Phase 1 of the Government's Troubled Families Programme (2012-2015), the Government expanded it for a further five years from 2015, in order to reach an additional 400,000 families across England. The criteria for families entering the programme were broadened and a legal duty on the Government to report annually to Parliament on the progress on the programme was put in place. Under Phase 2 the Council has a target number of 8,960 families to be turned around over the five year period.
- 2.15 A new framework has been developed to provide clear structures around the accessing and providing of support, and the recording and reporting of additional support in Open Access. EHPS offers a wide range of universal and targeted support for children, young people and their families from 0-25 years to ensure they can receive the right service at the right time. Partners may recommend to a young person or family that they make direct contact with a Children's Centre or Youth Hub (Open Access). This is often referred to as 'signposting'. Partners should signpost families when they are confident that the young person or family is likely to have the ability to access the service without support. If a young person or family with needs identified at Tier 2 would benefit from some 1:1 support tailored to their specific needs, then this would be classed as Additional Support. This support would be expected to last around six to eight weeks and is provided by Open Access Senior Early Help Workers or Early Help Workers. The new process launched fully in September 2016.

3. Current and Future developments

- 3.1 E-Start was introduced as the tracking system for Youth Hubs in February 2016 and this work will be further developed to allow management to have a clear view and understanding of the level of use and reach of Youth Hubs, levels of integration with SCS and to tailor provision accordingly.
- 3.2 Areas for continued improvement and development have been identified through the existing audit programme. To ensure continuous learning and development, the programme will include a random selection of cases and one thematic audit per quarter (starting with step-down cases in September), reviews of individual cases in districts, the monthly review of all step-up cases and quarterly reviews of cases closed where outcomes were not achieved. In addition, the piloting of grade descriptors, changes to the online tool and planned development of auditors' skills and competencies should increase consistency in the auditors' approach.
- 3.3 PIAS' Digital Front Door has been fully rolled out across the county, with all schools being required to use the Digital Front Door to make referrals to the service and to request additional support. Area Inclusion and Attendance teams are working with Business Support to ensure a smooth and successful rollout. Schools will be offered opportunities to attend locally held briefing sessions.
- 3.4 Work is ongoing to ensure continuous improvement across our universal, additional, intensive and specialist services, and to ensure that there is always a focus on the further and better integration of services both within Early Help and also with SCS and Public Health.

- 3.5 Parenting challenges are a key issue within many Early Help cases, and parents often require support to learn new strategies and approaches, or to build confidence in their techniques. Sometimes there is an identified need for more focused parenting support through course delivery either alongside or instead of casework (depending on the range of reasons a family requires support). Previous parenting programmes have not always been well attended, with limited evidence of positive outcomes. Kent is therefore developing its own parenting intervention to feed into the wider parenting support offer across the service. This draws on the best of a range of accredited courses and techniques, and will be initially piloted in Maidstone and evaluated prior to a countywide rollout in 2017.
- 3.6 A Youth Justice review commenced in May 2016. A comprehensive assessment has been taking place which has considered:
- Caseloads across the county, volume, length and type
 - Distribution of staff, business support and management structure
 - Geographical pressures and court requirements
 - Budget and resource demands
 - Casework practice and ensuring a systemic family model
 - Processes and ensuring transfer decisions are based on professional judgement and existing professional relationships with young people and families.
 - Work with high risk offenders including resettlement work and Intensive supervision and surveillance
 - Out of court disposals and the integrated youth justice panel
 - Integration with the wider structure and systems in Early Help Services
- 3.1 The review will report on its findings and recommendations in October and November. Following the endorsement of the findings implementation will commence in November 2016.
- 3.2 Triage and the Central Duty Team (CDT) have been co-located at Kroner House since 2015. This has ensured the right support is provided to families and the swift transfer of referrals between services as appropriate.
- 3.3 A project to assess the efficiency and effectiveness of processes and practice at the 'front-door' in CDT and Triage is underway. This will make recommendations for improvements to how demand is managed, and is likely to result in the formation of a single front-door to intensive and specialist support for children and families, informed by a single referral form. A key part of the implementation of these changes will be working with partners to ensure pathways and thresholds are clearly understood and communicated.
- 3.4 Robust processes exist between EHPS and SPC for the transfer of cases across the services. This is called step-up when a case escalates from EHPS to SCS or step-down when a case de-escalates from SCS to EHPS. The percentage of cases closed by SCS that step-down to Early Help remains fairly constant at about 21% of cases closed. It has not increased significantly despite the successful formation of the joint step-down panels.
- 3.5 Early Help is committed to ensuring a constant focus on case throughput and effectiveness, and is able to take more step-downs from SCS as this is a key way in which Early Help can reduce the demands within SCS. In July 2016, re-referrals to SCS were reported as being at 22%. In July 2016, EHPS re-referrals were at 15.6%. There is further work to do to reduce the proportion of families re-

referred to SCS without Early Help involvement, and to further reduce the proportion of those who are re-referred after Early Help support. This will continue to be a priority in the coming year.

- 3.6 Another key development will be a further audit and analysis to establish the effect of Early Help interventions with families not previously known to SCS. EHPS will interrogate rates of referral into SCS for cases closed to EHPS.
- 3.7 A new online tool is being piloted as a way to further develop the Quality Assurance Framework, and build on the existing feedback forms we have in place to develop a more coherent and consistent mechanism for collecting and learning from the experiences of the children and families supported by our services. A tool to collect feedback from partners will be the second phase of development.
- 3.8 EHM is being further developed to support the data and tracking requirements of the Troubled Families programme.
- 3.9 New arrangements are being planned with Health which will be piloted this autumn in advance of new commissioning arrangements being introduced in 2017. A 0.5FTE CAMHS worker will be based within every Early Help Unit, ensuring a much more coordinated response to positive emotional health and wellbeing in children and young people. CAMHS workers will also be based in Health Needs PRUs to help assist in reintegration back into mainstream education.
- 3.10 Actions identified in Kent's Strategy for Vulnerable Learners will be progressed so that, in partnership with schools, the outcomes for vulnerable learners and disadvantaged children and young people are improved. This includes:
 - More focused and coordinated work in the districts
 - Close working with schools to identify vulnerable children for support and provision of the right levels of responsive and timely additional help
 - Improved emotional health and wellbeing
 - Ensuring parental engagement and involvement
- 3.11 Early Help Commissioned Services have been delivered through contracts with various external providers for several years. Many have historically had very long (up to 20 weeks) waiting lists. Following a review of this provision, a diagnostic report was produced which identified the need to reduce the number of separate contracts currently in place and provide more focused and flexible services. It was agreed that new, reconfigured services would be procured for:
 - Family Support Service
 - Youth Services
 - NEET Support Service
- 3.12 The procurement process is in place for each of these three Services with the expectation that new contracts will be delivered from 1 December 2016. The existing contracts have been extended up to the end of November 2016 in order to ensure that there is no gap in service provision. As the current services come to an end, there will need to be transition plans in place for each provider to ensure that no child, young person or family is left unsupported. The new services will have performance indicators that require flexible working to

eliminate waiting lists. Any issues that arise around capacity of the service will be highlighted and responded to immediately.

- 3.13 EHPS is committed to learning from service users. Developing a more systematic way of collating and responding to family feedback is a priority. In the west of the county, a pilot Service User Task and Finish group has been set up to establish an effective tool to gain feedback and enable a greater understanding and building on the learning from the journey of a family.
- 3.14 The service continues to develop its relationship with partners, to ensure that there is a deeper and wider understanding of the EHPS offer. The Kent Safeguarding Children Board (KSCB) Threshold Training is being revised to make it more relevant, meaningful and interactive to make sure that all partners have a better understanding of their role in providing coordinated early help to families.
- 3.15 EHPS is working closely with colleagues in Public Health on a new Kent Emotional Health and Wellbeing model which will be in place for April 2017. The system has five key elements:
- 1) Single Point of Access (SPA)/Early Help Triage which will direct partners to the relevant part of these systems.
 - 2) Specialist: Assessment, diagnosis and treatment. Supporting children who need a Targeted or Specialist mental health service, including behaviour issues or where the impact of trauma, abuse, neglect or attachment needs that are severely impacting on their mental health.
 - 3) Targeted: Interventions in a community setting for complex family issues and emerging emotional or mental health needs, emotional wellbeing or mental health that are undiagnosed/unspecified or do not meet the threshold for specialist Child and Adolescent Mental Health Services (CAMHS) support. A clinically qualified Emotional Health and wellbeing worker will be based in every Early Help Unit. Units will also receive step downs from CAMHS.
 - 4) Health Needs PRU: clinical specialists working alongside the Health Needs PRU to assist with re-integration to mainstream school where there has been a diagnosed mental health concern.
 - 5) School Public Health Service that will support schools to promote good general health and emotional wellbeing. This will be a universal service for primary and adolescent children with 1:1 Open Access provision for children and families with very mild issues. Targeted – commissioned part of adolescent, in-reach to primary. Referrals will be via the SPA although secondary schools and the adolescent service will be able to access the provision direct.
- 3.16 During 2016/17 EHPS will revisit the Unit Skills Audit to identify the impact of the investment in training during 2015/16 and re-evaluate its training priorities going forward. Key areas for consideration are leadership and supervision for Unit Leads, Children's Centre Delivery Managers and Youth Hub Managers, and specific skills training for workers in key areas, e.g. supporting families facing the challenges of Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and related disorders via Cygnet training
- 3.17 SCS are currently delivering Neglect training across the County for Team Managers and Early Help Unit Leaders. This Neglect training is planned to be

tailored specifically for Early Help staff and delivered jointly by Early Help and SCS staff in the Autumn.

- 3.18 Training will also be delivered to support Early Help staff in the delivery of the new County Parenting programme.
- 3.19 The whole service would benefit from a yearly overview of theoretical information and research that has been promoted and circulated across the service. This will be developed by the Information and Intelligence team.
- 3.20 The HeadStart resilience hub will also provide a portal for effective practice information and current research. Work commenced on this is October 2016.
- 3.21 During 2016/17, EHPS will continue to develop its relationship with schools and other partners.

4. Legal Implications

- 4.1 There are no legal implications associated with this report.

5. Financial Implications

- 5.1 There are no financial implications associated with this report.

6. Equality Implications

- 6.1 There are no equality implications associated with this report.

7. Conclusion

- 7.1 Significant progress has been made in EHPS in terms of transformation, vision and forward planning, performance monitoring and outcomes focused working, all underpinned by regular quality assurance processes. This progress will be built on further in coming months
- 7.2 The service will increase its focus on developing the confidence of staff both within SCS and EHPS to drive a decrease in cases being referred to SCS.
- 7.3 EHPS will work with families to develop their resilience and increase their capacity to help themselves. The focus is to increase the availability and impact of those positive things that have the greatest beneficial effect on children's lives, such as good parenting, growing up in a household in employment, quality early childcare and learning, a good school, healthy eating, the development of emotional resilience, ambition for the future in learning and employment, help to achieve good qualifications and safe behaviours and healthy habits in adolescence and early adulthood. EHPS is deliberately adopting a whole family approach, working with parents, children and young people and their schools, colleges and early years settings.

8. Recommendation

- 8.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** and **COMMENT ON** the progress to date and the proposed future direction.

9. Background Documents

None

10. Contact Details

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From: Peter Oakford, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee – 10 November 2016

Subject: **ACTION PLANS ARISING FROM OFSTED INSPECTIONS**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides the Children's Social Care and Health Cabinet Committee with an update on activity within Specialist Children's Services to respond to both previous Ofsted recommendations and also internal business intelligence and quality assurance processes.

This is the thirteenth regular report to Cabinet Committee on progress made in improving practice and developing services provided to children and young people in Kent. The last report of this nature was July 2016, and outlined progress to that date.

Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of the report.

1. Introduction

1.1 Since 2012, KCC Specialist Children's Services have undergone five Ofsted inspections:

- Fostering Services – published report 31 July 2012 (*adequate*);
- Children in need of help and protection (Safeguarding) – published report 15 January 2013 (*adequate*);
- Adoption support services – published report 18 June 2013 (*adequate*);
- Children in Care / Care Leavers – published report 23 August 2013 (*adequate*);
- Thematic inspection of Child Sexual Exploitation (CSE) – joint national report on the findings of eight thematic inspections, published November 2014;

1.2 Kent County Council (KCC) continues to await their inspection under the Single Inspection Framework (SIF). Ofsted's current completion date for the SIF programme is December 2017 so the timeframe for Kent to be inspected under the SIF is narrowing month on month. At the end of September 2016, Ofsted

had visited or were in the process of assessing 114 Local Authorities across England. This leaves 38 authorities (including KCC) to be inspected before the end of 2017.

- 1.3 Ofsted launched a consultation in June 2016, to consider what the Inspection Framework will look like in early 2018, once the SIF has concluded.

2. Joint Targeted Area Inspection (JTAI) Framework: Domestic Abuse theme

- 2.1 Joint Targeted Area Inspections (JTAs) were launched in January 2016. These shorter, one-week inspections, drill down on a specific theme and highlight good practice as well as areas for improvement. The first round of JTAs looked at “Child Sexual Exploitation (CSE) and children missing from home, care or education”. This first “deep dive” theme has now completed. The collective Inspectorates for Police, Probation, Children’s Services and education, and Health services have been tasked by central Government to examine how local safeguarding partnerships work together, to protect children living with domestic abuse.
- 2.2 The areas of focus for the multi-disciplinary Inspection team have not significantly changed, insofar as they will still be closely assessing safeguarding processes and responsiveness of staff at all levels of the organisation. At an individual practitioner perspective, regulators will look to see how children and young people are identified, tracked, assessed and the potential risks investigated or referred. On a broader level, the multi-agency inspection will evaluate how the leadership and management prioritise awareness and training, and are able to analysis patterns of behaviour, therapeutic needs, and disrupt perpetrator’s activity. Additionally, the JTAI framework seeks to understand “whether local elected members scrutinise and challenge services and the impact of this [challenge] on practice.”
- 2.3 The scope of services supporting and protecting children and families living with domestic abuse is much broader than the significantly more targeted services for children who are at risk of or have been sexually exploited or who have gone missing.
- 2.4 For Member’s interest, there is a very helpful website dedicated to the domestic abuse support services across Kent and Medway. Of note though, is that in the event of a JTAI, either Kent or Medway would be selected, not necessarily both Local Authorities. The website was produced and is managed by the Kent and Medway Domestic Abuse Strategy Group (KMDASG) in order to provide a central, comprehensive resource of all domestic abuse related services within Kent and Medway.
 - The website is available at: <http://www.domesticabuseservices.org.uk/>
- 2.5 The website offers support advice to adults or young people in a potentially abusive relationship, children, to friends wishing to help, professionals, and to people who may themselves be an abuser.
- 2.6 The Council along with other key partners including Health, Police, Probation and the Kent, Surrey and Sussex Community Rehabilitation Company is gathering the information that will see us prepared for any JTAI on the current

domestic abuse theme. As with the previous theme on CSE and Children Missing, it is our intention to hold a multi-agency case evaluation exercise at the beginning of November 2016 to sample and test the same casework parameters found in a live inspection scenario. Lessons learned from this exercise are in the section 3 below.

- 2.7 For the domestic abuse evaluation, the [Kent Safeguarding Children Board \(KSCB\)](#) will lead on the exercise and produce a narrative report on completion, giving the headline findings. Domestic abuse services in Kent are provided through a range of commissioned services and we have already identified areas for review, in the provision of therapeutic services to children who have experienced domestic abuse and in the provision of perpetrator programmes at an effective level.
- 2.8 As with the previous JTAI theme, six Local Authorities will be selected for assessment. There is no guarantee whether Kent will be selected, but in a similar way to the “CSE and Missing Children” theme, the Kent partnership are taking the opportunity to learn and quality assure provision to ensure we are doing our best for children and young people living in the area. Unlike SIF inspections, there will not be a single phrase judgement; it will instead focus on a narrative of partnership effectiveness.
- 2.9 For Member’s reference, there also continues to be a third assessment framework. The jointly owned Special Educational Needs and Disabilities (SEND) Inspection Framework is conducted by both Ofsted and the Care Quality Commission (CQC). The two regulators have committed to undertaking twelve SEND local area inspections before the end of December 2016. Kent was a pilot for the SEND Inspection Framework in 2015.

3. Lessons learned from multi-agency case evaluation of CSE and missing children

- 3.1 As part of the Council’s, the Kent Safeguarding Children Board (KSCB) and local partnership’s inspection readiness, a multi-agency case evaluation, regarding the JTAI topic of “CSE and children missing from home, care or education” took place in June 2016. A joint commentary was drawn together to reveal what was going well, as well as areas for development. The report and lessons learned were shared with partners via the KSCB [Quality and Effectiveness \(QE\)](#) Sub-Group, which is responsible for a range of important matters including the county’s multi-agency audit programme. The case-evaluation, conducted in the style, and to the timescales of a live JTAI inspection, built on findings from the KSCB [CSE and repeatedly missing children multi-agency audit](#) which took place in October 2015.
- 3.2 Children and young people’s experiences selected for professional’s scrutiny were appropriately anonymised and selected on the basis of known risk. Both boys’ and girls’ experiences were selected, as well as young people of varying ages and ethnicities. The audit, bench-marked findings against the [Kent and Medway CSE Toolkit](#). The Toolkit guides and assists professional’s judgement when assessing a child or young person potentially at immediate or future risk of harm. As with many children and young people whom social workers or other practitioners are supporting, their circumstances were not limited to one

worrying element. There were often other complicating factors, such as substance or alcohol misuse, or troubling relationships.

- 3.3 Despite children and young people being supported by a range of professionals and different districts across the county, there was consistency in the good practice as well as the areas for development. It was clear that young people at immediate risk of harm were taken seriously and timely steps were taken to protect them. A recurring theme for all agency's development though, was how risks are regularly re-assessed and analysed to check for changes but also ensure individual risks continue to be responded to in their own right, as well as in the wider context of a child's situation. Gathering all the evidence in one place, in a timely fashion, for multi-agency audit is a recurring challenge for a county the size, and complexity of Kent. This is one which the KSCB is fully aware of, and is continuously striving to improve.

4. Signs of Safety

- 4.1 It will take five years for Signs of Safety to be fully embedded within the authority, and the Council is only two years into its' implementation. This is still very much the beginning, and builds on the Improvement Programme phases of the past, and the later Transformation Programme supported by Newton Europe. Whilst permanent staff have undertaken the training, work is underway to ensure Newly Qualified Social Workers who joined Specialist Children's Services in September 2016, equally access the training as soon as possible. The Council wants all staff within services for children and young people, to aspire to and achieve ["Practice to be proud of"](#).
- 4.2 An international, annual "Gathering" was held in Norwich, to celebrate Signs of Safety in July 2016. Three Children's Services managers attended, inclusive of team manager, social worker, and Specialist Children's Services' Principal Social Worker. The Council gave a presentation on the topic of "Leading, Learning and Changing Trajectories". the presentation was well received, and those who attended reported that they found the presentations helpful and inspiring. [A video of KCC's presentation is available online.](#)
- 4.3 Internally, Practice Leaders workshops are primarily attended by team managers. The most recent learning session took place in September, and these continue to be regularly held. The sessions are now led by a registered Signs of Safety trainer who follows a prescribed programme. There is clearly an increasing enthusiasm and passion for the model as understanding continues to embed, and developing practice continues to bring helpful and well-received outcomes. To this end, some of the team managers who are Practice Leaders have signed up to contribute to and train other professionals during multi-agency Signs of Safety training led by KSCB.
- 4.4 There is clearly value in recognising and celebrating the changes that Signs of Safety has made to the Council's practice, particularly as it has gained momentum in the last twelve months. Plans are therefore underway to host a Kent "Gathering" to celebrate practice which has benefitted children, young people, their parents, guardians or foster carers.

5. Legal Implications

5.1 There are no legal implications associated with this report.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Equality Implications

7.1 There are no equality implications associated with this report.

8. Conclusion

8.1 It is unknown when exactly Kent will receive their inspection. The remaining Single Inspection Framework (SIF) notification dates for 2016 are 14 and 21 November. Ofsted has also recently published SIF notification dates for early 2017. These are 16 and 23 January, 27 February and 6 March.

8.2 Officers continue to report regularly to Members via a range of forums, inclusive of the Children's Services Improvement Panel and [Corporate Parenting Panel](#). The latter has recently received updates on an Independent Review of Kent's Fostering Service, Adoption Services and an update on the support and protection of Unaccompanied Asylum Seeking Children. An Ofsted Narrative has been developed and is regularly updated and a copy has been made available to Members as part of an Ofsted briefing pack.

8.3 An Ofsted Standing Group has been set up, comprising key Officers from both Specialist Children's Services and Early Help & Preventative Services. This Group meets on a regular basis to review preparedness for an inspection, ensuring that documents required for the Annex A are kept updated.

8.2 Services are prepared for "the call" when it comes, with a defined response process in place both centrally and at a local level. The majority of targets and performance indicators are either already positive or a moving in a very positive direction. Those which continue to be addressed are not directly attributable to the performance of our social workers, although we continue to address the features that are responsible for the poorer performance. This improving picture reflects the findings from our monthly auditing programme where 65% of casework has gradings that are good and above.

8.3 We are not however complacent, and continue to hold our service provision to a robust benchmark, measuring ourselves against those authorities that have been judged as Good or Outstanding by Ofsted. We continue to be cautiously innovative, building on the positive Signs of Safety roll out as the systemic framework underpinning our services.

8.4 In addition there is an initiative, that from January 2017 will see the Family Group Conferencing Service (FGC) partner with the Family Rights Group and a number of other authorities as part of a pilot to look at developing a UK version of 'Family Finding' model. This uses FGCs to identify networks for young people while they are in care to support them into adulthood, providing the essential networks that can make for a successful transition from our care into

independence. We have also launched the Family Drug and Alcohol Court (FDAC) across Kent & Medway after an initial pilot phase, to bring targeted assessment and support to complex families within care proceedings, enabling timely decisions to be made on the best interests and permanency options for those relevant children.

9. Recommendations

9.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of the report.

10. Background Documents

None

11. Contact Details

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From: Peter Oakford, Cabinet Member for Specialist Children's Services
 Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee – 10 November 2016

Subject: **SPECIALIST CHILDREN'S SERVICE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: The Specialist Children's Service performance dashboards provide Members with progress against targets set for key performance and activity indicators.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the performance dashboard.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

1.2 To this end, each Cabinet Committee receives performance dashboards.

2. Children's Social Care Performance Report

2.1 The performance dashboard for Specialist Children's Services is attached as Appendix A.

2.2 The Specialist Children's Services performance dashboard includes latest available results which are for August 2016.

2.3 The indicators included are based on key priorities for Specialist Children's Services as outlined in the Strategic Priority Statement, and also includes operational data that is regularly used within the Directorate. Cabinet Committees have a role to review the selection of indicators included in

performance dashboards, improving the focus on strategic issues and qualitative outcomes.

- 2.4 The results in the performance dashboard are shown as snapshot figures (taken on the last working day of the reporting period), year-to-date (April-March) or a rolling 12 months.
- 2.5 Members are asked to note that the Specialist Children's Services performance dashboard is used within the Social Care, Health and Wellbeing Directorate, to support the Transformation programme.
- 2.6 A subset of these indicators is used within the KCC Quarterly Performance Report which is submitted to Cabinet.
- 2.7 As an outcome of this report, Members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.8 Performance results are assigned an alert on the following basis:
 - **Green:** Current target achieved or exceeded
 - **Red:** Performance is below a pre-defined minimum standard
 - **Amber:** Performance is below current target but above minimum standard.

3. Summary of Performance

- 3.1 An additional performance measure has been added to the SCS Scorecard under a new section for missing children. This indicator relates to the percentage of Returner Interviews for cases open to SCS that were completed within three working days. This addition takes the number of performance measures in the Scorecard to 45.
- 3.2 Performance for August 2016 shows 22 of the measures rated as Green, 20 as Amber and three as Red. Exception reporting against the three measures with a Red RAG rating is included within the Report attached as Appendix A.
- 3.3 An additional page showing the impact on performance by the cohort of Unaccompanied Asylum Seeking Children has also been included within the Report.

4. Recommendations

4.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to CONSIDER and COMMENT ON the performance dashboard.

5. Background Documents

None

6. Contact Details

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Social Care, Health and Wellbeing

Specialist Children's Services

Performance Management Scorecard

10th Nov 2016

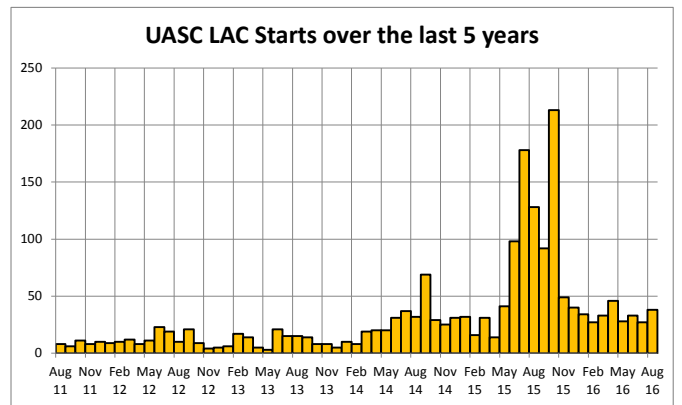
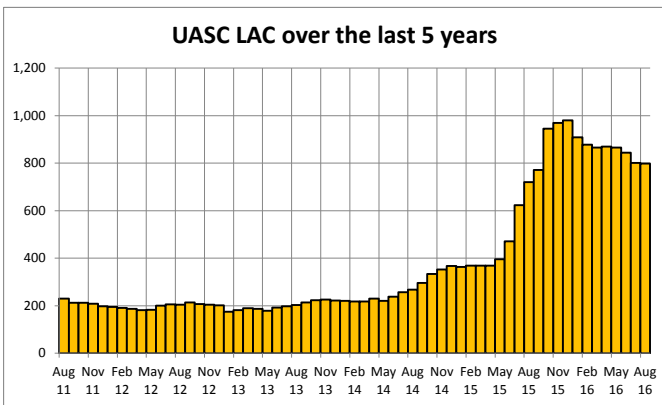
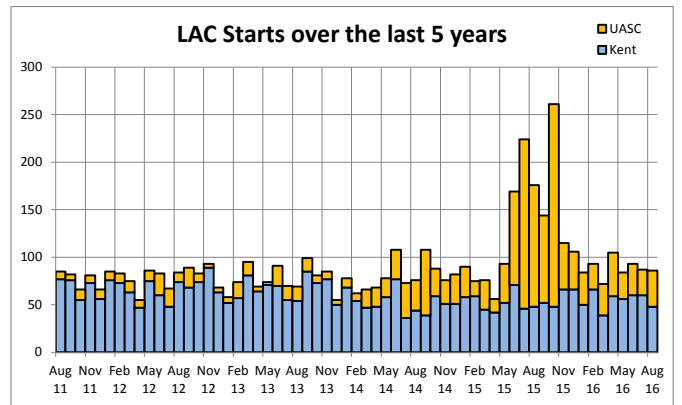
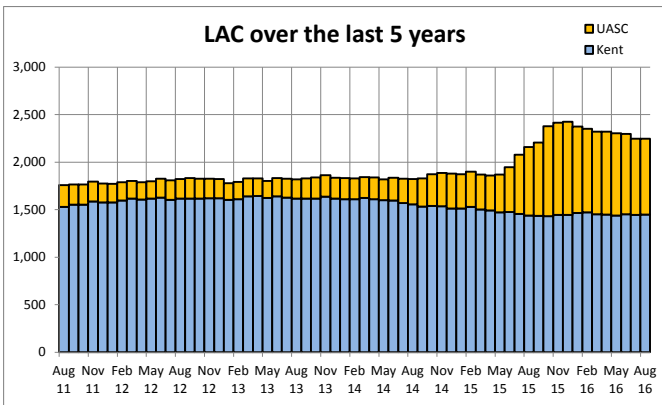
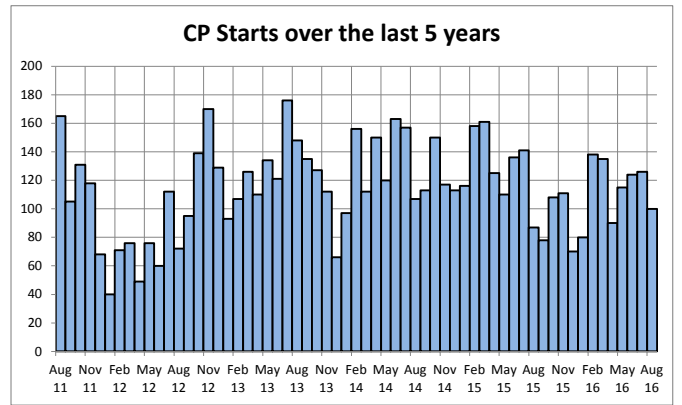
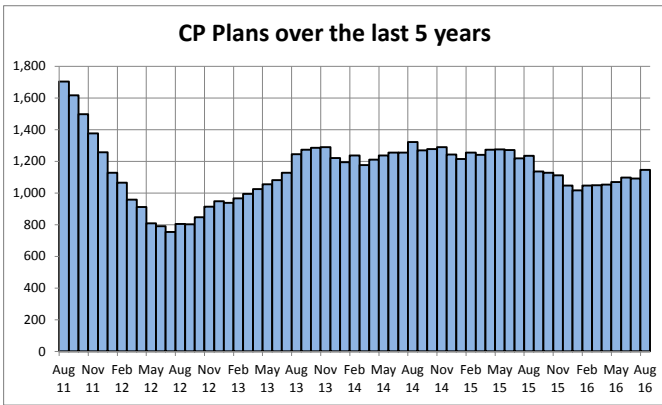
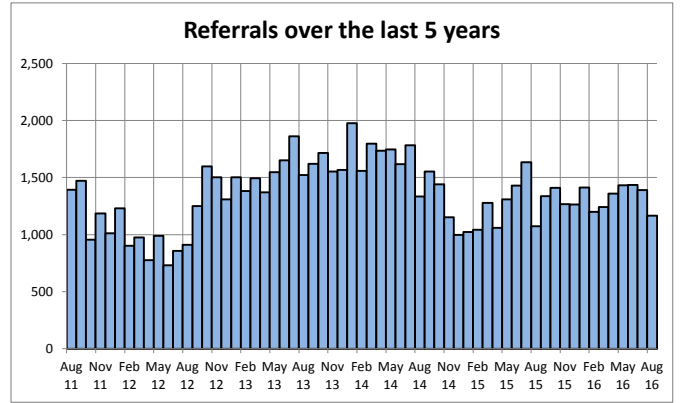
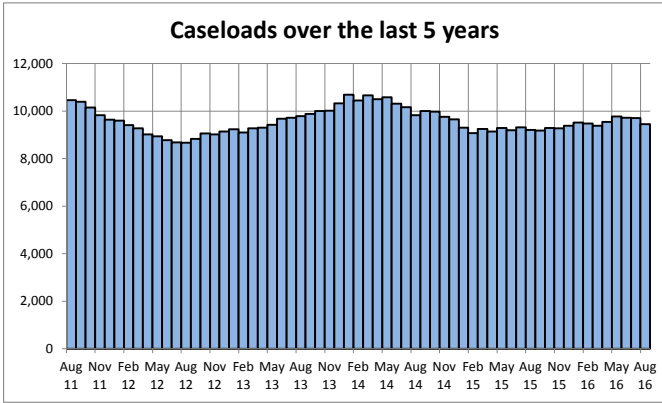


SCS Activity

	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	Total LAC - This month	Total LAC - Last month	Total LAC - Change	UASC LAC - This month	UASC LAC - Last month	UASC LAC - Change	LAC Starts in last month	LAC Ends in last month	PF Cases - This month	PF Cases - Last month	PF Cases - Change
Kent	9444	9711	-267	1167	1478	1145	1092	+53	100	48	2246	2248	-2	798	801	-3	86	93	25	24	+1
North Kent	1112	1161	-49	202	236	194	175	+19	22	3	282	277	+5	73	68	+5	7	9	2	2	0
East Kent	2375	2447	-72	388	471	379	368	+11	29	19	643	631	+12	91	85	+6	24	21	3	3	0
South Kent	1777	1790	-13	262	353	339	319	+20	31	13	392	403	-11	72	75	-3	5	14	6	6	0
West Kent	1256	1333	-77	229	299	219	216	+3	17	12	362	358	+4	98	99	-1	13	7	10	8	+2
Disability Service	1211	1210	+1	24	95	14	14	0	1	1	99	101	-2	0	0	0	0	1	0	0	0
Asford CSWT	413	428	-15	77	115	121	116	+5	9	5	5	8	-3	0	0	0	0	0	1	1	0
Canterbury CSWT	322	322	0	97	83	84	81	+3	7	4	4	1	+3	0	0	0	6	4	1	1	0
Dartford CSWT	187	180	+7	68	67	49	36	+13	13	0	2	1	+1	0	0	0	1	0	0	0	0
Dover CSWT	427	413	+14	103	105	116	104	+12	11	2	6	6	0	0	0	0	1	0	5	5	0
Gravesham CSWT	373	397	-24	73	93	93	92	+1	3	1	1	1	0	0	0	0	1	0	0	0	0
Maidstone CSWT	400	423	-23	98	152	89	84	+5	10	2	3	2	+1	0	0	0	4	1	5	3	+2
Sevenoaks CSWT	217	239	-22	58	58	37	31	+6	6	0	6	5	+1	0	0	0	1	0	2	2	0
Shepway CSWT	499	519	-20	79	123	99	96	+3	10	3	5	8	-3	0	0	0	3	1	0	0	0
Swale CSWT	605	610	-5	132	138	119	104	+15	16	0	7	12	-5	0	0	0	2	3	2	2	0
Thanet Margate CSWT	366	395	-29	65	100	100	94	+6	3	0	3	3	0	0	0	0	0	0	0	1	-1
Thanet Ramsgate CSWT	360	391	-31	87	131	58	62	-4	2	6	5	1	+4	0	0	0	6	2	4	4	0
The Weald CSWT	420	478	-58	129	136	106	108	-2	7	1	3	1	+2	0	0	0	7	0	5	5	0
North Kent CIC	310	304	+6	1	1	15	16	-1	0	2	271	268	+3	73	68	+5	4	9	0	0	0
East Kent (Can/Swa) CIC	367	363	+4	2	2	9	10	-1	1	3	343	330	+13	64	59	+5	4	6	0	0	0
East Kent (Tha) CIC	303	310	-7	0	9	9	17	-8	0	6	271	274	-3	27	26	+1	1	6	0	0	0
South Kent CIC	402	399	+3	0	5	3	3	0	1	3	366	373	-7	72	75	-3	0	13	0	0	0
West Kent CIC	422	416	+6	0	7	24	24	0	0	9	355	353	+2	98	99	-1	2	6	0	0	0
SUASC Service	513	542	-29	42	24	0	0	0	0	0	464	474	-10	464	474	-10	25	36	0	0	0
Disability EK	631	636	-5	13	39	9	9	0	0	0	66	68	-2	0	0	0	0	0	0	0	0
Disability WK	580	574	+6	11	56	5	5	0	1	1	33	33	0	0	0	0	0	1	0	0	0
Adoption & SG	86	88	-2	3	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0
Care Leaver Service (18+)	1099	1103	-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0

SCS Activity

County Level



Scorecard - Kent

Aug 2016

ID	Indicators	Polarity	Data Period	Latest Result				1 month ago		1 year ago		Short Term Performance: Rolling 3 months and RAG Status
				Latest Result and RAG Status	Num	Denom	Target for 16/17	Result	DoT	Result	DoT	
REFERRAL AND ASSESSMENTS												
1	% of referrals with a previous referral within 12 months	L	R12M	22.3% G	3543	15921	25.0%	22.1%	↓	24.6%	↑	22.7% G
2	% of C&F Assessments that were carried out within 45 working days	H	R12M	89.9% A	15127	16833	90.0%	89.3%	↑	89.5%	↑	91.4% G
3	Number of C&F Assessments in progress outside of timescale	L	SS	35 G	-	-	75	25	↓	58	↑	- -
4	% of Children seen at C&F Assessment	H	R12M	98.3% G	15712	15986	98.0%	98.3%	↑	97.6%	↑	97.9% A
CHILDREN IN NEED												
5	% of CIN with a CIN Plan in place	H	SS	89.0% A	2184	2453	90.0%	89.6%	↓	88.9%	↑	- -
6	% of CIN who have been seen in the last 28 days	H	SS	81.0% G	1595	1970	80.0%	82.9%	↓	80.0%	↑	- -
7	Numbers of Unallocated Cases	L	SS	1 A	-	-	0	2	↑	130	↑	- -
PRIVATE FOSTERING												
8	% of PF visits held in timescale (Current PF Arrangements only)	H	SS	80.1% A	109	136	90.0%	83.0%	↓			- -
MISSING CHILDREN												
9	% of Returner Interviews completed within 3 working days	H	R12M	67.7% R	1281	1891	90.0%	66.8%	↑			73.9% R
CHILD PROTECTION												
10	% of Current CP Plans lasting 18 months or more	L	SS	5.8% G	66	1145	10.0%	5.4%	↓	4.9%	↓	- -
11	% of CP Visits held within timescale (Current CP only)	H	SS	90.3% G	19560	21663	90.0%	90.8%	↓	92.6%	↓	- -
12	% of CP cases which were reviewed within required timescales	H	SS	100.0% G	805	805	98.0%	99.9%	↑	100.0%	→	- -
13	% of Children becoming CP for a second or subsequent time	T	R12M	21.6% A	276	1275	17.5%	21.2%	↓	19.1%	↓	22.9% A
14	% of CP Plans lasting 2 years or more at the point of de-registration	L	R12M	2.6% G	36	1362	5.0%	2.7%	↑	2.2%	↓	2.9% G
15	% of Children seen at Section 47 enquiry	H	R12M	98.4% G	4572	4647	98.0%	98.3%	↑	98.2%	↑	98.3% G
16	% of ICPC's held within 15 working days of the S47 enquiry starting	H	R12M	85.5% G	1169	1368	80.0%	85.4%	↑	83.1%	↑	87.1% G
CHILDREN IN CARE												
17	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0% R	293	2246	10.0%	12.9%	↓	9.6%	↓	- -
18	CIC Placement Stability: % in same placement for last 2 years	H	SS	71.2% G	410	576	70.0%	71.6%	↓	74.2%	↓	- -
19	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements (exc UASC)	H	SS	86.3% G	1020	1182	85.0%	86.9%	↓	86.2%	↑	- -
20	% of CIC placed within 20 miles from home (exc UASC)	H	SS	80.1% G	1115	1392	80.0%	80.6%	↓	81.3%	↓	- -
21	% of Children who participated at CIC Reviews	H	R12M	95.6% G	5873	6146	95.0%	95.6%	↓	95.4%	↑	95.6% G
22	% of CIC cases which were reviewed within required timescales	H	SS	98.2% G	2136	2175	98.0%	98.2%	↓	93.2%	↑	- -
23	% of CIC cases where all Dental Checks were held within required timescale	H	SS	92.7% G	1785	1926	90.0%	94.3%	↓	92.3%	↑	- -
24	% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.5% A	1724	1926	90.0%	88.1%	↑	89.7%	↓	- -
25	% of IHA referrals within 5 working days of becoming Looked After	H	R12M	48.0% R	542	1130	90.0%	42.9%	↑	25.5%	↑	84.2% A
26	% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	75.8% A	1091	1439	80.0%	74.4%	↑	52.6%	↑	- -
27	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	54.0% A	576	1067	60.0%	55.3%	↓	52.9%	↑	- -
ADOPTION												
28	% of cases adoption agreed as plan within 4mths, for those with an agency decision	H	R12M	74.5% A	73	98	75.0%	72.5%	↑	59.0%	↑	76.5% G
29	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	R12M	363.7 G	29462	81	426.0	403.4	↑	545.7	↑	287.7 G
30	Ave. no of days between court authority to place a child and the decision on a match	L	R12M	151.5 A	11663	77	121.0	177.3	↑	213.3	↑	99.9 G
31	% of Children leaving care who were adopted (exc UASC)	H	R12M	12.9% A	81	628	13.0%	13.2%	↓	21.3%	↓	10.2% A
CARE LEAVERS												
32	% of Care Leavers that Kent is in touch with	H	R12M	67.1% A	1077	1606	75.0%	65.8%	↑	59.5%	↑	67.5% A
33	% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.2% G	1004	1089	90.0%	92.3%	↓	92.0%	↑	91.5% G
34	% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.1% A	633	1089	65.0%	58.7%	↓	55.3%	↑	53.7% R
35	% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	91.2% G	1001	1097	90.0%	93.5%	↓			- -
QUALITY ASSURANCE												
36	% of Case File Audits completed	H	R12M	98.5% G	703	714	95.0%	98.5%	→	97.1%	↑	98.7% G
37	% of Case File Audits rated Good or outstanding	H	R12M	65.1% G	458	703	60.0%	65.1%	→	50.8%	↑	66.4% G
38	% of Case File Audits rated inadequate	L	R12M	2.4% A	17	703	0.0%	2.4%	→	5.1%	↑	1.3% A
39	% of CP Social Work Reports rated good or outstanding	H	R12M	64.1% A	1454	2268	75.0%	64.5%	↓	71.0%	↓	65.0% A
40	% of CIC Care Plans rated good or outstanding	H	R12M	64.0% A	3887	6076	75.0%	63.0%	↑	58.7%	↑	70.4% A
STAFFING												
41	% of caseholding posts filled by KCC Permanent QSW	H	SS	77.2% A	404.3	524.0	83.0%	75.8%	↑	75.1%	↑	- -
42	% of caseholding posts filled by agency staff	L	SS	17.2% A	89.9	524.0	17.0%	17.7%	↑	20.1%	↑	- -
43	Average Caseloads of social workers in CIC Teams	L	SS	15.7 A	1804	115.0	15.0	16.1	↑	16.1	↑	- -
44	Average Caseloads of social workers in CSWTs	L	SS	20.8 A	4589	220.5	18.0	21.8	↑	20.1	↓	- -
45	Average Caseloads of fostering social workers	L	SS	17.9 G	835	46.6	18.0	17.2	↓	18.8	↑	- -

GREEN AMBER RED

LATEST PERFORMANCE RAG RATING

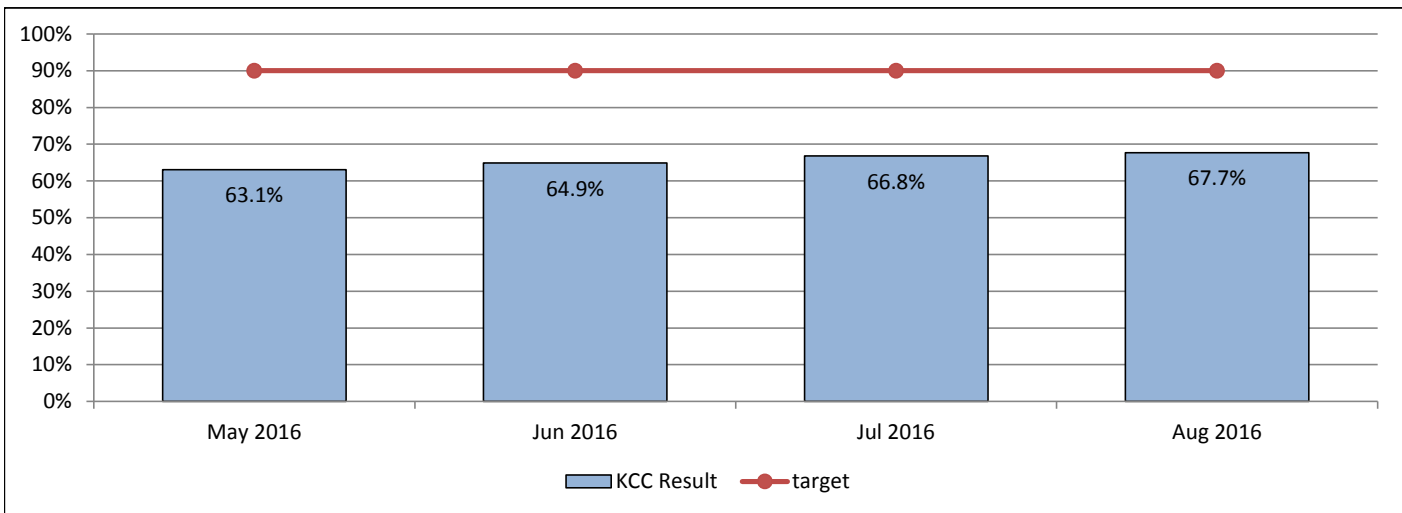
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Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC				EXCLUDING UASC			Variance with UASC excluded
			Latest Result and RAG Status	Num	Denom	Target for 16/17	Latest Result and RAG Status	Num	Denom	
CHILDREN IN CARE - KENT										
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0% R	293	2246	10.0%	12.8% A	186	1448	-0.2%
CIC Placement Stability: % in same placement for last 2 years	H	SS	71.2% G	410	576	70.0%	71.2% G	408	573	+0.0%
% of Children who participated at CIC Reviews	H	R12M	95.6% G	5873	6146	95.0%	97.9% G	3533	3609	+2.3%
% of CIC cases which were reviewed within required timescales	H	SS	98.2% G	2136	2175	98.0%	99.5% G	1400	1407	+1.3%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	92.7% G	1785	1926	90.0%	93.8% G	1173	1251	+1.1%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.5% A	1724	1926	90.0%	93.7% G	1172	1251	+4.2%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	48.0% R	542	1130	90.0%	65.3% R	341	522	+17.4%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	75.8% A	1091	1439	80.0%	83.9% G	895	1067	+8.1%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	54.0% A	576	1067	60.0%	54.4% A	515	946	+0.5%
CHILDREN IN CARE - NORTH KENT AREA										
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.8% R	39	282	10.0%	12.9% A	27	209	-0.9%
CIC Placement Stability: % in same placement for last 2 years	H	SS	66.2% A	51	77	70.0%	66.2% A	51	77	0.0%
% of Children who participated at CIC Reviews	H	R12M	96.9% G	712	735	95.0%	98.8% G	509	515	+2.0%
% of CIC cases which were reviewed within required timescales	H	SS	99.6% G	275	276	98.0%	99.5% G	203	204	-0.1%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	95.6% G	241	252	90.0%	96.2% G	177	184	+0.6%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	87.7% A	221	252	90.0%	93.5% G	172	184	+5.8%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	74.4% R	58	78	90.0%	75.3% R	58	77	+1.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	88.1% G	155	176	80.0%	91.3% G	136	149	+3.2%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	46.4% A	77	166	60.0%	50.7% A	70	138	+4.3%
CHILDREN IN CARE - EAST KENT AREA										
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.2% R	85	643	10.0%	13.0% R	72	552	-0.2%
CIC Placement Stability: % in same placement for last 2 years	H	SS	76.3% G	174	228	70.0%	76.5% G	173	226	+0.2%
% of Children who participated at CIC Reviews	H	R12M	95.8% G	1582	1651	95.0%	98.8% G	1360	1376	+3.0%
% of CIC cases which were reviewed within required timescales	H	SS	99.4% G	621	625	98.0%	99.8% G	533	534	+0.5%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	87.9% A	485	552	90.0%	89.7% A	419	467	+1.9%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	87.7% A	484	552	90.0%	92.1% G	430	467	+4.4%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	58.8% R	97	165	90.0%	58.8% R	97	165	0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	78.9% A	358	454	80.0%	82.5% G	340	412	+3.7%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	56.9% A	230	404	60.0%	57.0% A	207	363	+0.1%
CHILDREN IN CARE - SOUTH KENT AREA										
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	14.3% R	56	392	10.0%	15.3% R	49	320	+1.0%
CIC Placement Stability: % in same placement for last 2 years	H	SS	68.6% A	72	105	70.0%	68.3% A	71	104	-0.3%
% of Children who participated at CIC Reviews	H	R12M	96.1% G	950	989	95.0%	96.1% G	782	814	+0.0%
% of CIC cases which were reviewed within required timescales	H	SS	99.5% G	385	387	98.0%	99.4% G	313	315	-0.1%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	97.1% G	329	339	90.0%	96.8% G	270	279	-0.3%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	94.7% G	321	339	90.0%	95.0% G	265	279	+0.3%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	76.3% R	116	152	90.0%	76.3% R	116	152	0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	80.5% G	210	261	80.0%	82.1% G	188	229	+1.6%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	67.4% G	157	233	60.0%	68.4% G	134	196	+1.0%
CHILDREN IN CARE - WEST KENT AREA										
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0% A	47	362	10.0%	12.1% A	32	264	-0.9%
CIC Placement Stability: % in same placement for last 2 years	H	SS	64.3% R	72	112	70.0%	64.3% R	72	112	0.0%
% of Children who participated at CIC Reviews	H	R12M	97.5% G	889	912	95.0%	98.3% G	638	649	+0.8%
% of CIC cases which were reviewed within required timescales	H	SS	98.9% G	345	349	98.0%	98.8% G	248	251	-0.0%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	87.0% A	268	308	90.0%	93.7% G	209	223	+6.7%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	90.3% G	278	308	90.0%	93.7% G	209	223	+3.5%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	62.5% R	60	96	90.0%	62.5% R	60	96	0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	81.3% G	196	241	80.0%	82.0% G	159	194	+0.6%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	35.3% R	67	190	60.0%	33.7% R	59	175	-1.5%
OTHER INDICATORS - KENT										
% of Care Leavers that Kent is in touch with	H	R12M	67.1% A	1077	1606	75.0%	75.3% G	634	842	+8.2%
% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.2% G	1004	1089	90.0%	90.9% G	577	635	-1.3%
% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.1% A	633	1089	65.0%	51.2% R	325	635	-6.9%
% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	91.2% G	1001	1097	90.0%	92.6% G	501	541	+1.4%
% of C&F Assessments that were carried out within 45 working days	H	R12M	89.9% A	15127	16833	90.0%	90.5% G	14588	16113	+0.7%
Numbers of Unallocated Cases	L	SS	1 A	-	-	0	1 A	-	-	0

% of Returner Interviews completed within 3 working days			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	May 2016	Jun 2016	Jul 2016	Aug 2016
KCC Result	63.1%	64.9%	66.8%	67.7%
Target	90.0%	90.0%	90.0%	90.0%
RAG Rating	Red	Red	Red	Red

Commentary

This is a new performance indicator added for August 2016 Scorecard to reflect the priority of SCS to undertake timely Returner Interviews for children and young people that have gone missing. The target of 90% has been set to drive up performance on the completion rates within 3 working days following a missing episode.

During the 12 month period there were 1891 missing episodes, and of these 1281 (67.7%) had a Returner Interview that was completed within 3 working days. In the last 12 months performance has shown gradual month on month improvement from 55.8% September 2015 to 67.7% in September 2016. Performance for the last three months shows performance at 73.9% which remains within the Red banding.

It is of note that for a significant number of Children in Care missing episodes last no longer than 0-3 hrs and are more often than not connected to contact with friends and family. These episodes can also form part of a repeat pattern of behaviour where for a small but significant minority the value of repeatedly completing a Returner interview can be compromised.

Data Notes

Target: 90% (RAG Bandings: Below 80% = Red, 80% to 90% = Amber, 90% and above = Green)

Tolerance: Higher values are better

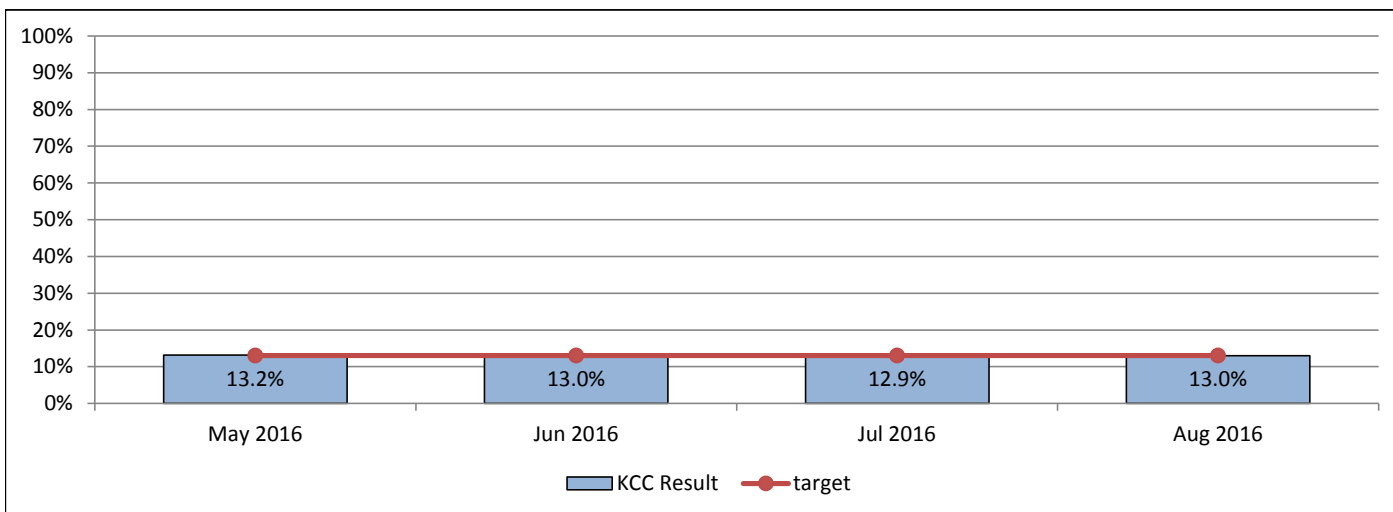
Data: Figures shown are based on a rolling 12 month period. The result for Aug 2016 for example shows performance for Sept 2015 to Aug 2016.

Data Source: Liberi

CIC Placement Stability - 3+ Placements in the last 12 months

Red

Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	May 2016	Jun 2016	Jul 2016	Aug 2016
KCC Result	13.2%	12.97%	12.9%	13.0%
Target	13.0%	13.0%	13.0%	13.0%
RAG Rating	Red	Amber	Amber	Red

Commentary

Placement stability is a continued focus for Corporate Parenting. There has been an analysis of the placements and factors affecting stability. Key to placement stability is the matching. There is a training programme to highlight good social work practice with the need to prepare children and young people for placements when they first enter care and ensure that placement planning meetings are in place with delegated authority. The key area of instability is with older teenagers; also with court decision making returning children home, who return to care and may also move to an adoptive placement. Fostering to adopt is progressing with increasing numbers of children who are being placed for adoption and this is good practice and supports children achieving good outcomes.

Data Notes

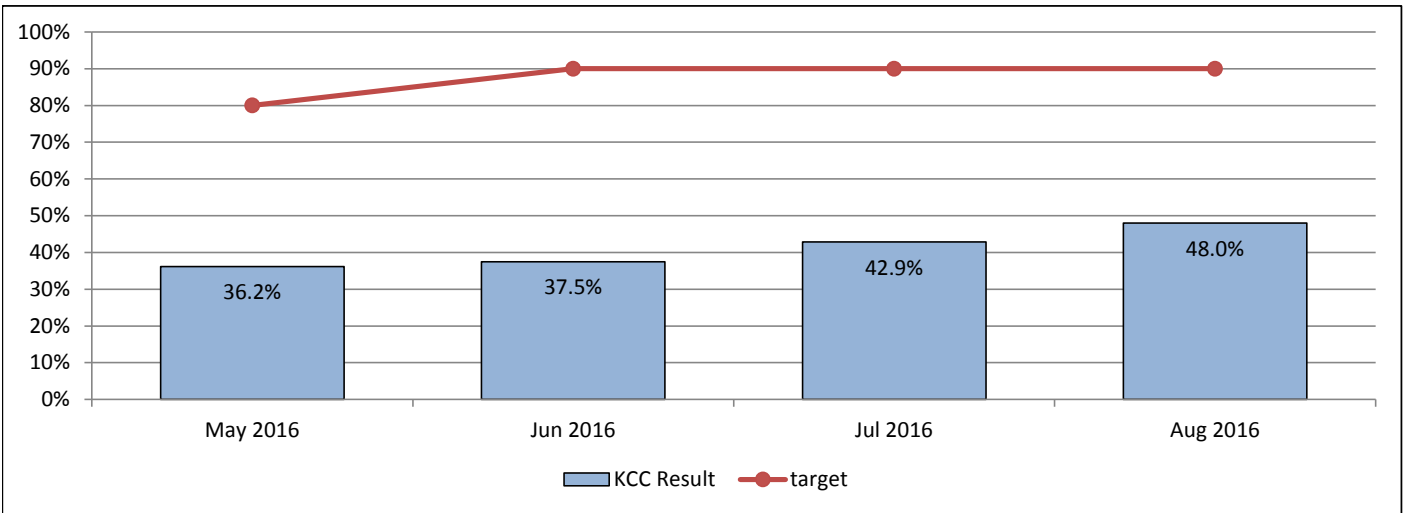
Target: 10% (RAG Bandings: 13% and above = Red, 10% to 13% = Amber, 10% and below= Green)

Tolerance: Lower values are better

Data: Figures shown are based on a snapshot taken at the end of each calendar month

Data Source: Liberi

% of IHA referrals within 5 working days of becoming looked after			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	May 2016	Jun 2016	Jul 2016	Aug 2016
KCC Result	36.2%	37.5%	42.9%	48.0%
Target	80.0%	90.0%	90.0%	90.0%
RAG Rating	Red	Red	Red	Red

Commentary

Performance for the 3 months up to 31/08/2016 is 84.2%.

The IHA reflects the challenges faced last year 2015 with the significant increases in UASC arriving and the system's capacity in managing timely referrals. There is significant improvement in the timeliness since April 2016 and this continues to be a focus with Corporate Parenting AD working with health colleagues to ensure there is sufficient capacity to complete timely health assessments. Social care have robust systems in place to ensure there is an ongoing focus on the initial health assessment requests being passed to health so they can plan for attendance at clinic within timescales.

Data Notes

Target: 90% (RAG Bandings: Below 80% = Red, 80% to 90% = Amber, 90% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are based on a rolling 12 month period. The result for Aug 2016 for example shows performance for Sept 2015 to Aug 2016.

Data Source: Liberi

From: John Lynch, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee –
10 November 2016

Subject: **Work Programme 2017**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Children's Social Care and Health Cabinet Committee.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2017.

1. Introduction

- 1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and Group Spokesmen.
- 1.2 Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

- 2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Children's Social Care and Health Cabinet Committee:- *"To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate which relate to Children"*. The functions within the remit of this Cabinet Committee are:

Children's Social Care and Health Cabinet Committee

Commissioning

- Children's Health Commissioning
- Strategic Commissioning - Children's Social Care
- Contracts and Procurement - Children's Social Care
- Planning and Market Shaping - Children's Social Care
- Commissioned Services - Children's Social Care

Specialist Children's Services

- Initial Duty and Assessment
- Child Protection
- Children and young people's disability services, including short break residential services
- Children in Care (Children and Young People teams)
- Assessment and Intervention teams
- Family Support Teams
- Adolescent Teams (Specialist Services)
- Adoption and Fostering
- Asylum (Unaccompanied Asylum Seeking Children (UASC))
- Central Referral Unit/Out of Hours
- Family Group Conferencing Services
- Virtual School Kent

Child and Adolescent Mental Health Services

Children's Social Services Improvement Plan

Corporate Parenting

Transition planning

Health – when the following relate to children

- Children's Health Commissioning
- Health Improvement
- Health Protection
- Public Health Intelligence and Research
- Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2017

3.1 An agenda setting meeting was held on 6 September 2016, at which items for this meeting's agenda were agreed and future agenda items discussed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Members to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

5. Recommendation:

The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2017.

6. Background Documents

None.

7. Contact details

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CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2017

Agenda Section	Items
11 JANUARY 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Budget Consultation and Draft Revenue and Capital Budgets • Out of Hours service • Children in Care with a disability – incl those in residential care homes. (MV) referred to CSCH by CPP
D – Performance Monitoring	<ul style="list-style-type: none"> • CAMHS monitoring (relative roles of CSCH and HOSC around governance and service monitoring will need to be clarified) • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
E – for Information - Decisions taken between meetings	
23 MARCH 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Draft Directorate Business Plan • Strategic Risk Report • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Update on teenage pregnancy strategy– seek data for more local (ward) level. (Requested at 8 Sept 2015 mtg)
D – Performance Monitoring	<ul style="list-style-type: none"> • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
E – for Information - Decisions taken between meetings	

Regular items for rest of 2017 (add dates when set)

month	section B/C/D/E	item
MAY 2017	D	<ul style="list-style-type: none"> • Specialist Children's Services Performance Dashboards • Children in Care Stats

	D D D	<ul style="list-style-type: none"> • Public Health Performance Dashboard • Contract Management • Work Programme
JUNE/JULY 2017	C D D D D	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
SEPTEMBER / OCTOBER 2017	C C D D D D D	<ul style="list-style-type: none"> • Equality and Diversity Annual report • Annual Complaints report • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme
NOVEMBER / DECEMBER 2017	C D D D D	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Specialist Children's Services Performance Dashboards • Children in Care Stats • Public Health Performance Dashboard • Contract Management • Work Programme

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Agenda Item E1

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